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Original Department.

Lecture.

CHYLIFORM EFFUSIONS INTO SEROUS CAVITIES.

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The production, in certain serous cavities, of an effusion resembling chyle or milk was noticed as early as the beginning of the eighteenth century (Saviart, 1701); but these observations, including several reported by eminent clinical observers, such as Chomel, Rokitansky and Oppolzer, did not attract special attention; a complete study of the question was not made until Quincke published a memoir founded on the observation of three cases, in the *Deutsch, Arch. f. Klin. Med.*, 1875. An important communication on the subject was made by M. Debove to the Soc. Med. des Hôpitaux, May, 1881.

In the course of this work, M. Debove, after considering separately most of the observations scattered in different scientific publications, describes and criticises the two theories put forward to explain the production of such an effusion. He proposes instead of the appellations, milky, chylous or fatty effusions, successively employed to designate the disease, the denomination chyliform effusion, as having the advantage of not positively asserting the chylous nature of the liquid effused. It is, then, with good reason that this designation has been adopted in two recent memoirs on the subject: the thesis of Mme. Perrée (Paris, 1881), a good résumé of all the documents we possess on the subject, and the interesting inaugural thesis of Ferdinand Veil on the "Pathogenesis of Chyliform Ascites," a work containing some original researches.

Under the same category may be considered several cases of benign, purulent pleurisy, reported in the Leçons Cliniques, of M. Gueneau de Mússy, and in the thesis by Sainton (Etude sur une varieté latente et benigne d'empyème, Paris, 1881).

Finally, we should mention, in order not to remain entirely in the domain of internal pathology, the interesting case of hydrocele, containing a fatty liquid, reported by M. LeDentu to the Soc. de Chirurgie (Dec. 14th, 1881), and the discussion it provoked at that period.

To resume, with the exception of one case in the tunica vaginalis, chyliform effusions have been found in but two serous cavities, the pleural and the peritoneal. The whole number reported consist but of ten cases in the pleural cavities, eighteen in the peritoneum, and two in which the effusion occurred in both serous cavities at the same time. From whence we may conclude that this morbid process is exceptional, though many cases may have passed unperceived or been wrongly interpreted. In chyliform effusions the liquid is bluish-white or yellowish, opaque, alkaline, with little or no odor, very much resembling emulsion of sweet almonds, and has no tendency to become coagulated when left standing.

Microscopical examination reveals the presence of fatty granulations and even larger collections, almost drops of oil and a certain quantity of crystals of cholesterin. The liquid contains no red globules; the pus globules

(leucocytes) are either entirely wanting or very few in number, and in a more or less degenerate or fatty state.

In some cases, as in the observations reported by Bacelli, microscopical examination alone can serve to distinguish the liquid from that found in ordinary empyema; as the fatty matters are in a state of emulsion these effusions will not be confounded with any of those collections of pus which hold in suspension a certain proportion of fatty corpuscles.

The chemical analysis of these chyliform effusions has been made several times, by Bergeret (*Journal d' Anat. et de Physiol.*, 1873) and by M. Yvon in M. Debove's case.

This last gave the following figures in weight per 100 parts: Coagulable albumen 68, cholesterine 3.8, fatty matters 3.4, nitrogenized products 1.50, mineral water 7.1, and water 13.6.

Chyliform effusions are ordinarily very abundant and are reproduced very rapidly, even after repeated aspirations. Thus M. Gueneau de Mussy took from the pleural cavity more than six quarts of liquid in eighteen days; while Quince aspirated three times in twenty-one days, taking away six quarts of liquid; the patient died on the same day the third aspiration was performed, and at the autopsy seven quarts of lactescent liquid was found in the pleural cavity.

The effusions into the peritoneal cavity were even more marked. Without speaking of Saviart's case, where two hundred and eighty-nine pints of liquid were withdrawn in nine months, we note that Veil withdrew by aspiration twenty-three quarts in twenty days, and Gaucher twenty-seven quarts in seven days.

On all these points the authors are in accord, but regarding the etiological conditions inducing this variety of effusion, its clinical characteristics and pathogenesis, the opinions widely differ, and there seems to be no means of arriving at a plausible solution of the problem.

The analysis of reported observations and the lesions revealed on autopsy afforded very imperfect data regarding the etiology of chyliform effusions. They have been observed at every age, from six months (Wilhelm's case) to sixty-three years (Debove), in individuals enjoying good health, as well as those in a cachectic condition.

Almost the same causes are recognized for a chyliform effusion as for an ordinary pleuritis; the effects of cold, a traumatism, excessive fatigue, and finally, in two or three cases, pulmonary tuberculosis.

As regards chyliform effusion into the peritoneum it seems to be produced under the same influences as ordinary serous ascites; for careful consideration of all known cases give as concomitant diseases, cirrhosis of the liver (four cases), simple chronic peritonitis (two cases), tuberculous peritonitis (five cases), cancerous infiltration of the peritoneum and mesenteric ganglia (three cases).

Finally the puerperal condition was considered to have a part in the causation, in one case of ascites (Chomel), and one case of chyliform pleurisy (Bacelli).

As regards symptomatology, we have no interesting peculiarities to mention, except in pleural effusions.

Chyliform ascites presents the same signs clinically as ordinary ascites, and the flow of a milky liquid during aspiration has been always a surprise to the operator. The course of the morbid process, or rather symptoms, depends not on the nature of the liquid effused into the peritoneum, but on the organic affection accompanying it. Or, as in almost all cases, the concomitant disease affects the entire system, or consists in some local disease tending to a fatal ending, such as tuberculous peritonitis or cirrhosis of the liver, it may generally be considered, when a lacteal liquid is obtained on paracentesis of the abdomen, that the prognosis is of extreme gravity.

The question, from a clinical point of view, is more complex as regards chyliform pleurisy.

The affection generally commences like acute pleurisy of ordinary intensity, but with this characteristic, that the local phenomena are most marked.

On account of the abundance of the liquid effusion, there may be notable enlargement of the thorax with compression of the lung and displacement of the neighboring organs, whence frequent and severe attacks of dyspnœa. Such symptoms call for immediate intervention, and aspiration is followed by very evident amelioration. The general symptoms are not urgent; there is but slight rise of temperature toward evening, no diarrhœa, no night sweats, in other words, no symptoms of hectic fever.

But as the chyliform liquid seems to have no tendency toward absorption, and is rapidly reproduced with all the symptoms of lung compression, etc., it is found necessary to aspirate frequently. It is the exception to observe a case where complete cure is obtained. If the general health remains comparatively good, aspiration may be repeated from time to time, each opera-

tion being followed by a period of amelioration, during which the patient may be able to follow up his usual occupations.

The march of the morbid process resembles that observed in chronic sero-fibrinous pleurisy, or rather in hydrothorax; but what seems to specially characterize chyliform pleurisy is the non-production of adhesions, or of false membranes which bind down the lung; so that when the liquid is withdrawn the lung may return to its normal position and recover the plenitude of its functions.

Such appears to be, as far as can be judged from the small number of cases observed, the clinical peculiarities appertaining to chyliform effusions of the pleura. So that the authors who attribute this form of pleurisy to a special metamorphosis of a liquid which was primarily purulent, are compelled to consider it a very benign form of empyema. (Gueneau de Mussy, Sainton.)

As a practical deduction from these facts, in any case where there is doubt regarding the purulent nature of a liquid obtained by aspiration, microscopical examination should be made, to determine whether or not it is a case of chyliform effusion; for in such cases the only treatment applicable is "Thoracentesis, with all the precautions judged necessary in cases where abundant effusion exists. The operation is necessary and may bring about complete cure" (Sainton). We will add that, as far as is known, there are no cases on record where the chyliform liquid became purulent.

The semeiology is very vague, and the question of pathogenesis still more obscure. In this respect we find ourselves in presence of two theories diametrically opposed to each other.

Some observers admit, with Quincke, that the chyliform liquid is really chyle, and that these effusions are due to the rupture of one of the chyliferous vessels or of the thoracic duct itself; others consider, with Gueneau de Mussy, Sainton and Veil, that the chyliform liquid is produced by the fatty transformation of an effusion which was at first of a purulent nature.

The theory proposed by Quincke has no foundation in fact, and we might say with Veil that "the rupture of any of the chyle ducts has been so exceptionally reported, and then with so little appearance of authenticity, that this cause can not be considered in the search for explanation of effusions of a chyliform nature."

Again, in several observations reported in detail, a circumstance is noted which is interesting in this connection; in certain cases of chyliform pleurisy, or ascites, there exists a certain amount of œdema of the limbs, and puncture of the skin at regions distant from the thorax gave issue to a lactescent liquid. It is difficult to admit that chyle escaping from the ducts could spread to such a distance in the cellular tissue.

In favor of the second theory, more positive arguments may be adduced. That the pus, deprived of the pyogenic germs (microbes) to which its activity was due, may undergo fatty degeneration, is not impossible, and a similar process has been observed in subcutaneous purulent collections. On the other hand, in a case observed by M. Gueneau de Mussy, it would seem that this metamorphosis did really occur, for the liquid, which at first contained pus globules in great numbers, assumed, later, all the characters of a chyliform effusion. We should, then, be willing to admit that this theory applies to certain cases; this would be a relatively favorable termination of pyothorax.

But how are we to explain the greater proportion of cases in which a lactescent liquid is obtained at the first aspiration?

How, in particular, are we to explain the production of chyliform ascites? Should we admit, with Veil, the existence of "a special form of purulent peritonitis?" We should hesitate to follow the opinion of this author, for this variety of ascites is observed in the course of affections, such as cirrhosis and chronic peritonitis, which generally give rise to ordinary serous effusion; and, again, the symptomatology does not serve to corroborate the hypothesis of diffused suppuration of the peritoneum.

It is, perhaps, in another direction that the researches should be pursued. There exists an observation, due to Winkel (*Deutsch. Arch. f. Klin. Med.*, vol. xvii), where, in a lactescent liquid developed in the peritoneal cavity an immense quantity of small entozoa were found. This patient, a female, had lived ten years at Surinam. This fact is, it is true, unique; but since it is at present proved that chyluria is frequently due to the presence of micro organisms, would it not appear probable that certain chyliform effusions have an analogous origin?

In reality, it is a confession of ignorance we are obliged to make, and for the moment we are obliged, with M. Debove, to reserve the question of pathogenesis, and create among the varieties of effusion observed in serous cavities a separate place for the variety we have essayed to describe in this lecture, after the consideration of evidence as yet, unfortunately, very incomplete.

COMMUNICATIONS.

A CASE OF ACUTE PERITONITIS.

Read before the Litchfield County Medical Association, at meeting of July 11th, 1882,

BY WILLIS J. BEACH, M.D.,

Of Litchfield, Conn.

Flossie H., aged 15, a bright, active, healthy girl, with no former illness and good family history. Was first seen June 7th, 1882, and presented the following symptoms and history: Pulse 134, temperature 104, severe headache and pain and tenderness in the right iliac region; parents stated that she had had as many as ten or twelve thin, greenish discharges from the bowels within the preceding twelve hours, but that previous to that her bowels had been rather constipated; that she had complained of headache, and generally of not feeling well, for something over a week, and had eaten next to nothing, and that on the evening of the 5th she began to complain of pain in her stomach and bowels, and became confined to the bed. When first seen, although there was undoubted tenderness in the right iliac region, there was no tympanites, and no rigidity of abdominal muscles, the absence of which symptoms, together with the history of headache and diarrhœa, completely led me astray in the diagnosis, and I stated to the parents that the diagnosis lay between simple fever and typhoid, with the chances decidedly in favor of the latter. I gave at this visit a febrile mixture of digitalis and nitre, and a camphor and opium pill, to be repeated once in four hours, and advised tepid sponging and milk diet. I saw her again on the evening of the 8th, and notwithstanding the patient had expressed herself as being much relieved by the opium, and had been able to get some sleep, I found a different state of things than I anticipated. Pulse 124, temperature 101, some pain in right iliac region, no further discharges from the bowels, but sufficient tenderness and rigidity of abdominal muscles in iliac region to warrant a change of diagnosis to circumscribed peritonitis. At this time she began to lie upon her back, with knees drawn up. I at once increased the amount of opium, giving two grains once in two hours, and also two drops Norwood's tinct. veratrum viride every two hours.

I will not detail the daily progress of the case, but give a general outline of the treatment pursued, as showing the good effects of opium in this disease. On the 11th inst. she was seen also by Dr. H. W. Buel, of this place, in consultation, who coincided with me, both in regard to diagnosis and treatment. From this time on to the 18th there was steady increase in the peritonitis until it became general, with great general distention and tenderness of whole abdomen. The veratrum was pushed from day to day, until she took 5 drops Norwood's tincture every two hours, and was able to take this amount for four consecutive days, keeping the pulse in frequency at from 85 to 95. On the 18th, without previous warning from nausea, she was taken with vomiting, and the veratrum was immediately discontinued. She had only two attacks of vomiting, and by resorting to the hypodermic use of morphia for a few times, was able to resume medication and nourishment by the mouth. The opium during this period was pushed from day to day, until she took 108 grains every twenty-four hours, and continued it in this large amount for four consecutive days. She also took during all this period, in which the disease was at its height, twelve ounces of rum each twenty-four hours. On the 18th she complained of a frequent desire to have a movement of the bowels, and this feeling continuing to annoy her, on the 19th she was given an enema of a pint of sweetened water, which was retained, but did not procure an evacuation. On the 20th, however, she had, spontaneously, two large fecal evacuations, which apparently gave her much relief. This day seemed to be the turning point in her favor, and from this time on to the 28th there was a gradual but steady convalescence. The opiates and stimulants were gradually withdrawn, and at date last mentioned, altogether discontinued. During three or four days at the height of the disease the insomnia and subsultus, and other symptoms of profound disturbance of the nervous system were so great that, in addition to the other remedies used, bromide of potassium in thirty-grain doses, repeated in from two to four hours, as seemed to be required, was resorted to, with much apparent advantage.

The following table shows the record of pulse, respiration and temperature, so far as a record was kept:—

June	7, P.M.,	pulse	134,	.....		temp.	104
"	8, "	"	125,	.....		"	101
"	9, A.M.,	"	115,	.....		"	102
"	10, "	"	90,	.....		"	101
"	11, "	"	100,	.....		"	$102\frac{1}{5}$
"	11, P.M.,	"	96,	.....		"	$102\frac{3}{5}$
"	12, A.M.,	"	85,	resp.	12,	"	$101\frac{1}{5}$
"	13, "	"	85,	"	14,	"	$101\frac{3}{5}$
"	13, P.M.,	"	85,	"	12,	"	$102\frac{1}{5}$
"	14, A.M.,	"	90,	"	12,	"	102
"	14, P.M.,	"	90,	"	15,	"	102
"	15, A.M.,	"	90,	"	14,	"	$100\frac{2}{5}$
"	15, P.M.,	"	97,	"	14,	"	101

June	16,	A.M.,	pulse	90,	resp.	12,	temp. 100
"	17,	"	"	97,	"	14,	" 100
"	18,	"	"	105,	"	11,	" 99⅘
"	18,	P.M.,	"	105,	"	12,	" 100⅖
"	19,	A.M.,	"	110,	"	13,	" 101⅗
"	19,	P.M.,	"	117,	"	14,	" 102
"	20,	A.M.,	"	108,	"	15,	" 100⅕
"	21,	"	"	104,	"	14,	" 99
"	22,	"	"	92,	"	12,	" 98⅖
"	23,	"	"	88,	"	10,	" 98
"	24,	"	"	96,	"	14,	" 98⅖
"	25,	"	"	80,	"	14,	" 97⅘
"	26,	"	"	72,	"	15,	" 97⅘
"	28,	"	"	85,	"	20,	" 98⅖

I will not take much time in comments upon the case, but simply call attention to a few of the most important features that seem of an unusual character.

In the first place, it certainly seems to have been, in this instance, an idiopathic or spontaneous affection, and not incidental to some other affection of the abdominal viscera.

Prof. Flint says, "it may occur from exposure to cold, but such cases are extremely rare." In this case, so far as could be determined, there was no other cause, and, in fact, no other evidences of a cold; but the parents stated that the girl had of late been gardening a good deal in the wet grass, and with insufficient clothing, and at or near the time menstruation should have occurred.

A peculiar feature also was the severe diarrhœa occurring for twelve hours at the very onset of the disease. It will be observed also that the case required an unusual amount of opium. Flint says "that, as a rule, both in his and in Prof. Clark's cases, from three to four grains of opium, repeated once in two hours, is sufficient. In this case, notwithstanding the patient was only a slight, fifteen-year old girl, she took, with apparent advantage, nine grains every two hours, for several consecutive days. It may be noted, also, that the doses of Norwood's tincture were exceptionally large and well borne, and I cannot help but think may have contributed to a favorable termination. During the whole three weeks of the illness, the patient took two quarts of milk in each twenty-four hours, and nothing else in the way of nourishment was attempted. She was frequently sponged with tepid water, at which she expressed great satisfaction, and during the worst of her sickness ice was constantly applied to the head, and seemed to help very much in controlling the extreme restlessness. In the twenty-one observations of the respirations it may be noted that, notwithstanding the large doses of opiates, the respirations were only at or below 12 on seven different occasions, and only once so low as 10. Flint says they should not be kept below 12. I think Prof. Clark advises that they be kept as low as 7 or 8.

One point more and I have done; Wunderliech's Thermometry says that, in peritonitis, "sub-normal temperatures are especially common, and always suspicious; death may follow them closely." In this case, on the 25th and 26th insts. the patient had a temperature of fully a degree below normal, but all of the other symptoms were those of convalescence, and no apparent harm came from the condition. The girl has made an uninterrupted and rather rapid convalescence, and is now able to walk about, and is fast regaining her strength.

A NEW METHOD OF TREATING UTERINE HEMORRHAGE.

BY M. R. BARKER, M.D.,
Of New Castle, Pa.

Physicians of experience know the extreme difficulty, sometimes, of arresting uterine hemorrhage, the uterus seeming to defy all remedies, and pouring forth the sanguineous fluid in spite of astringents, ergot, the tampon, etc., etc. The danger of uterine injections often causes physicians to hesitate long before resorting to them. I have been frequently placed in this dilemma, and although I have used injections successfully, yet I must admit that I always felt relieved when I found that the injection had not produced any dangerous consequences.

In view of the foregoing considerations I concluded to take a departure from the usual methods, as will be seen in the report of the following cases:—

CASE 1.—During the latter part of October, 1881, I was called to see Mrs. H., who was suffering from severe uterine hemorrhage. I treated her with the ordinary remedies, but without producing any permanent benefit. The tampon, applied again and again, would, of course, produce temporary suspension of the flux, but upon its removal the hemorrhage would return as badly as ever. The constitutional effects resulting from the loss of so much blood becoming alarming, I concluded something must be done.

At my next visit I took my uterine applicator and placed upon it a spiral slide, leaving about three inches of the point uncovered. The point I wrapped with absorbent cotton in the same manner as for treating the uterine cavity for endometritis, with the exception that the end next the slide I made considerably thicker than the rest, and tied a thread around it, so as to withdraw the cotton when its purpose was accom-

plished. I then dipped the cotton into glycerine, and dusted it effectually with powdered persulphate of iron. I then exposed the os with a speculum, and passed my loaded applicator into the uterine cavity, and with the slide pushed off the cotton and left it. From that time my occupation in this case was gone. She made a rapid recovery.

CASE 2.—March 30th, 1882, was called to see Mrs. W., who had been suffering with uterine hemorrhage for two months. I was of the opinion that she had had an abortion, but she denied it. She had been under the care of another physician, who had treated her with the usual remedies, the principal one being ergot. Her clothing and bed showed very plainly the severity of the hemorrhage. I also found several clots in the vagina. I used the persulphate in the same way as in Case No. 1. When leaving I requested her to let me know in a few days how she got along. In about a week I received a note from her saying that the hemorrhage ceased from the time of the application, and that there had been no return. I have met her several times since, and she was quite well.

CASE 3.—Mrs. R. aborted about May 1st, 1882. I saw her June 29th. The attending physician had gone through the usual routine of remedies, administered internally, apparently without benefit. I immediately made an application of the persulphate of iron after the same manner as described in the former cases, and the result was an immediate arrest of the hemorrhage. She was in my office to-day, and as I had this article partly written, I asked her the particulars of her case. She said she had "wasted" for eight weeks, and that she had taken ergot nearly all of that time; and also that there was scarcely any discharge perceptible after I introduced the tent, and that there had been none since, beyond her periods.

It seems to me that this is a much more rational method of treating uterine hemorrhage than by either internal remedies or by injections. That it is much safer than by injections no one can deny, and I would not hesitate now to depend upon it, to the exclusion of all other remedies. This preparation of iron is used *ad libitum* in gynæcological surgery, without injury, and I am satisfied that it is equally as beneficial and harmless in ordinary uterine hemorrhage.

I am of the opinion that the benefit derived from this plan of treatment is not altogether from the styptic action of the iron, but that a portion of it arises from the intolerance of the uterus to any foreign substance in its cavity, the muscular fibres contracting forcibly to expel the intruder, and I cannot see why an ordinary case of uterine hemorrhage could not be treated successfully by non-medicated tents alone.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL MEDICAL COLLEGE, N. Y.

CLINIC BY AUSTIN FLINT, M.D.,

Professor of Pathology and Practical Medicine.

Pneumonia.

GENTLEMEN:—I will read the hospital record of this case, give the physical signs, and mention the therapeutical indications.

He is an Italian, 33 years of age, a laborer, and entered the hospital on the 27th of last month, six days ago. He cannot speak English, and the history is, therefore, somewhat imperfect. He walked to the ward on admission; the face was flushed; the temperature was about 102° F. It was impossible to learn whether he had any pain, but on physical examination the movements on the left side were found to be restricted. On percussion there was dullness over the lower portion of the left lung up to the angle of the scapula. In the infra-axillary region dullness extended up to the fifth rib. On auscultation the respiration was found to be purely bronchial over the lower portion of the left lung, shading off into broncho-vesicular as we ascended, where also a crepitant râle was heard. Over the lower portion a grazing friction was apparent; also bronchophony. Higher up we found increased vocal resonance. These were signs of pneumonia. The patient was put on milk diet, a little whisky, and five grains of quinine every six hours. The temperature was not sufficiently high to call for antiseptic treatment. At 5 P.M. it was 102.25. The expectoration was gelatinous and rusty.

On the 28th, temperature 101°, the respirations 20 per minute, which was considerably lower than before. There was vesiculo-tympanitic resonance over the unaffected portion of lung on the same side. On the 31st, there was a subcrepitant râle, indicating resolution.

Here we have apparently a very good typical case of pneumonia, which has pursued its course without much medicinal interference. The patient has had a little stimulant, on the general principle that patients admitted into Bellevue Hospital have usually been addicted to the use of alcoholic stimulants to some extent; and he has had five grains of quinine three times a day. The disease, in fact, has been allowed to pursue its own course, and the patient may now consider himself convalescent. It is a self-limited disease.

Resolution is now nearly complete, as is indicated by the disappearance of the abnormal physical signs before referred to, and you would hardly be able to tell now, by an examination of the lung, that this was the affected side. Here, then, is an instance of a very rapid resolution, and as you meet with cases in private practice, bear in mind that the period of the resolving stage of

pneumonia varies very much in different cases. Sometimes it is astonishing with what rapidity the absorption of so much matter takes place. Recollect that this patient must have had at least a pound of exudation in the lower lobe of the left lung, and now, within three or four days, it has pretty much all gone. In other cases it will require many days, and sometimes even many weeks, before it disappears. In some rare cases resolution is so slow that you will conclude you have something more than a pneumonia; that you have a phthisical exudation instead of a pneumonia. But after a while resolution becomes finally accomplished.

Renal Disease.

I shall now show you a case of general dropsy depending upon renal disease. I refer to this case now, so that, in some regards, you may make the contrast between two classes of cases. Here is the patient, and you see he presents a pallid aspect. He is anæmic, as is apparent when you look at him. There is some tumefaction of the face, but not, I believe, as marked as it was a few days ago. When I saw him day before yesterday I am quite sure he had more œdema here than he has to-day. And you see he lies in bed without giving any evidence of embarrassment of breathing. Now take the points of contrast between cases of cardiac dropsy and this one. In the first there is usually more or less lividity of lips and face. You may have the same amount of œdema, or more, but instead of this pallor we have a dusky or well marked livid hue, since almost invariably, perhaps you may say invariably, there is more or less evidence of embarrassed respiration. Here are points of contrast which pertain to the general aspect of the patient in cases of cardiac dropsy and cases of dropsy from renal disease.

Let us see what the history tells us, and then we will try and determine what probable variety of renal disease is present in this case.

He is thirty-five years of age, a native of Ireland, a stone cutter. Admitted on the 27th of last month. He had always been in good health, a hard working man, up to April last, when he began to have sciatica, and this annoyed him more or less until the latter part of July, when he noticed his penis was considerably swollen. He was in the habit of pricking the skin with a needle and letting the water run off. He must have had some œdema of the feet, but it was not so marked as to cause him to notice it much; could not have given him much inconvenience. Soon after this the feet, the legs, and the scrotum began to swell, and he noticed puffiness of the face. He continued to work until in July. Just previous to this time he noticed that he began to become considerably enlarged. He was often passing a large quantity of water, often getting up several times in the night. For about three months past he has kept abed most of the time. The dropsy increased. Five weeks ago he began to be affected with shortness of breath. He never had rheumatism, and none of the eruptive fevers since childhood. Was in the habit of using intoxicating liquors steadily, seldom, however, becoming intoxicated. He suffered from shortness of breath, loss of appetite, loss of strength, presented a cachectic appearance, felt water-logged, being œdematous in all parts of the body except the face; the abdomen was much distended, there being evidence of fluid on palpation; also signs of fluid in both pleural cavities. He was placed upon the following remedy: two drachms of the infusion of digitalis; two drachms of the liquor ammoniæ acetatis; one drachm of the spirits of nitre, taken every two hours, as a diuretic.

The urine was amber colored, alkaline, the specific gravity 1.014; contained forty per cent. of albumen. There were found large and small hyaline, and granular and fatty casts. After admission, his respiration becoming labored, he was aspirated, seventy ounces of clear serous fluid being withdrawn. Last night he received a dose of Epsom salts, which produced a free, watery stool. He afterward received other diuretics, as the compound jalap powder, which seemed to increase the quantity of urine. It is noted that on yesterday he was not much improved. He was weak. The fluid on the left side of the chest extended up to the fourth dorsal vertebra. The specific gravity of the urine was then 1.018, and contained eighty per cent. of albumen. A diuretic was given.

The liquid in the chest in this case was dropsical. It was bilateral. As a rule, in hydrothorax not associated with general dropsy, the accumulation of the fluid is much greater in one side than in the other. I do not know that there is any rule for determining which side is likely to contain the most of the effusion, but it is a fact that we sometimes meet with cases of hydrothorax in which one side of the chest is almost filled with liquid, while there may be but a moderate amount upon the other side. Under those circumstances it is perfectly proper to aspirate, and it will be found that aspiration occasions no inconvenience, for the reason that the lung expands without difficulty, there being no lymph to restrain it, and it is comparatively a trifling matter to withdraw all the liquid at once. This patient was relieved by that operation. He now shows, as you see, considerable œdema, more upon one side than upon the other. There is considerable œdema of the lower limbs. He has the same marked pallor of the skin mentioned in the history, indicating anæmia. The belly contains liquid, but so far as we may judge, not in proportion to the general dropsy. We obtain signs of fluid there very distinctly. To determine that, one of two ways may be employed. First, place one hand on some part of the abdomen, and with the other percuss on the opposite part—diametrical percussion, as it is sometimes called—and feel a sense of fluctuation; or, second, we may practice what is sometimes called peripheral percussion. I will not detain you by explaining the physical signs of fluid in the pleural cavity, as I feel quite sure you know them already.

From this history we may assume at once that the patient has some chronic affection of the kidneys. It evidently dates back as far as April, although he continued at work several months afterward.

Now comes the question, what is the probable variety of renal disease which exists in this case? Is it that variety which is represented by the

large white kidney? Is it the waxy kidney? Is it the cirrhotic or contracted kidney?

"The large white kidney." Yes, I present the case as one of the large white kidney. Taking all things together, I think we have the signs which are distinctive of that variety, and that is the reason I present the case to you. Dropsy is generally a very common symptom of this form of renal disease, and anæmia is a very prominent symptom. Now, we may explain those two circumstances pertaining to this form in this way: there is a great loss of albumen going on. First, we here lost forty per cent., then eighty per cent. We can understand how that impoverishes the blood, how it reduces the number of red blood corpuscles, which are dependent in some way or other upon the presence of albumen. We can understand how the blood, diminished in density, undergoes exudation more readily; so we can explain the anæmia and the dropsy in a great measure by the loss of albumen. Some years ago I studied, analytically, a number of cases of Bright's disease, and that was one of the points that I raised in my mind, and I found that as a rule the amount of dropsy and the evidence of anæmia was in proportion to the amount of albumen found in the urine. You can lay that down as a principle.

Enough urine is being eliminated, you say, so that he is not likely to manifest symptoms of uræmia, unless we consider the loss of appetite such a symptom; but that is a symptom accompanying so many conditions. In this case we need not impute that simply to the retention of urea.

Now, with regard to the therapeutical indications. It is an object to get rid of this water, and yet that is not so much an object as to justify us in using such vigorous measures in effecting it as to impair the digestion, the assimilation; for, although we would like to see his limbs assume their normal size, yet that condition does not of itself produce any important ulterior or immediate consequences. Diuretics in cases like this should certainly be tried, but they are very likely to prove ineffectual. The dropsy is diminished more certainly, more promptly, by the use of hydragogue cathartics. Here is a practical point. A hydragogue cathartic which acts pretty briskly and within a tolerably short period will not impair the patient's strength much, if at all. Resort to these from time to time, but do not follow them up too constantly. In the meantime try to build up the patient by tonic remedies. The muriated tincture of iron is one of the best tonics. Give the patient as nutritious a diet as he is capable of taking; a little alcoholic stimulant, in some form, if it be found to agree with him. Those are the measures of treatment. Do not keep working on the bowels every day and all the time, because that measure of trying to remedy the dropsy conflicts with the still more important measure of improving the general condition of the patient. Take another case, where the object is a different one, though the measures to be employed are the same; a case of uræmia; the object being to eliminate the urea, due, for instance, to contracted kidney, in which there is, perhaps, no dropsy. You will be thinking in such a case that it is important for this patient that the urea should not be retained, and so you may want to be prescribing hydragogues and diuretics all the time, and you may do harm by too great a pertinacity in the use of these measures. Be guided by the indications; be guided by the quantity of urine and the specific gravity, and by the symptoms which denote or do not denote the existence of uræmia. The quantity of the urine and its specific gravity will enable you to judge pretty fairly whether the patient is eliminating enough to be safe. If there be present no symptoms of uræmia, you have an additional proof that there is no immediate indication for the use of potential measures to get rid of urea in other directions than the kidneys.

Œdema Glottidis.

One of the cases, gentlemen, which I intended to present to you to-day cannot be presented, for the reason that he is no longer in this world. But it is a very instructive case, and I propose to occupy a few moments in reading the history of it. It is the case in which there occurred in connection with suppurative inflammation of the neck externally, œdema glottidis. I did not make a visit to the hospital yesterday, but the day before I found this patient here, and there had occurred œdema of the glottis in one side. It was determined by means of a digital examination. Embarrassment of the respiration was so great at one time that it was thought it would become necessary to perform tracheotomy. However, the symptoms were relieved, and he was entirely relieved day before yesterday. I wanted to present the patient with reference to bringing before you the evidence of œdema of the glottis and practical points connected with it. I learned this morning that the patient died. I will read the history.

He was a man thirty-five years of age, a native of Ireland, admitted into the hospital on the 7th of last month. About two weeks before he fell and struck on the back of the head, receiving a slight wound, which healed readily. He felt no inconvenience until about a week afterward. There was a stiffness of the neck and a swelling behind the ear, the latter steadily increasing. There was inability to open the mouth wide. On admission there was swelling on the left side of the neck, extending downward and backward from the angle of the jaw and also behind the ear. It was firm, not very tender, and was thought to be an enlargement of the parotid gland. Inside the fauces were apparently normal, but it was impossible to get his mouth open wide enough to see the throat well. He gave no history of syphilis, and no evidences of that disease were found. The swelling was painted with iodine, and the iodide of potassium and bichloride of mercury were given internally. The skin becoming tender, the iodine was discontinued and the oleate of mercury used. Some œdema of the skin occurred, and there seemed to be deep-seated pus, which became quite evident after applying poultices. Early in the morning of day before yesterday the orderly reported that the patient was dying. He was found greatly cyanosed; threw himself about, struggling violently for breath. The difficulty seemed to be most with inspiration. On pass-

ing the finger back into the fauces, a firm, smooth, rounded tumor was felt on the left side. (Please recollect that important practical point in making a positive diagnosis.) An incision was made about four inches below the ear, at the lower portion of the deep-seated fluctuation, and pus was evacuated to the amount of about two ounces and a half. This relieved the immediate symptoms of pressure, and he breathed after that much more easily. During the next day there was some embarrassment of respiration, but he breathed comparatively well. Toward evening, however, the respiration became more embarrassed, and the question of performing tracheotomy was raised. It did not seem then to be necessary. About two o'clock in the morning he was reported to be dying. He was lying apparently dead; pale, no evidence of congestion; respiration apparently had ceased; no pulse, a faint heart beat. Tracheotomy was performed; the wound was kept open with the forceps; artificial respiration was employed. After five minutes he began to breathe with great difficulty, of himself, and the blood returned to the face. The tracheotomy tube was then procured, with which to keep open the wound. He became delirious, threw himself about so violently as to require three or four men to hold him. He never became conscious afterward. This continued about an hour. A hypodermic injection of morphia quieted him somewhat. He breathed freely through the tube, but the cerebral symptoms of carbonic acid poisoning never disappeared. He was unable to swallow, and was fed by passing a catheter down the throat and per rectum. He improved somewhat; the pulse became better, he breathed freely and easily, but about 2 P. M. there were signs of irritation of the cord; the neck was drawn back, as in cerebro-spinal meningitis, there was twitching of the muscles of the face and arms, and from that on his condition became worse, the heart more feeble, less regular, and he died this morning about 4 o'clock, apparently of exhaustion.

This is a very interesting and instructive case. While speaking on the subject of œdema of the glottis, in the didactic course, I endeavored to impress the point that there is liability to a sudden increase of the œdema, which may destroy life very quickly indeed; and that is a very important fact to bear in mind. Although in this case the patient was in the hospital, yet before tracheotomy could be performed, there being no delay, the respiration had ceased. Still, in this instance, by employing artificial respiration, life was restored, and the man finally died, not because the operation of tracheotomy was unsuccessful, but from the effects of the carbonic acid poisoning, which had reached so great a degree before respiration was reëstablished.

Editorial Department.

Periscope.

The Laryngeal Complications of Consumption.

Dr. James H. Williamson contributes a valuable paper on this subject to the *British Medical Journal*. The existence of laryngeal complications in a case of phthisis indicates that the case has become, even if it were not at first, a constitutional one; and the new malady, like the cerebral and intestinal complications which also occur, is one of its local expressions. Men are much more subject to the laryngeal complications than women. Out of five hundred cases of consumption which he observed consecutively, no more than thirty-four complained of laryngeal trouble, equal to 6.8 per cent. It must, however, be remembered that this complication is mostly found in advanced cases; taking, therefore, none but fatal cases, he found that in one hundred and six there were 25, equal to 23.6 per cent., and Louis, in his post-mortems, found some portion of the tract ulcerated in 33.2 per cent. Symptoms are not always present, but when they are, they will generally furnish indications as to what part of the tract is involved. When there is heat and pricking low down in the throat, with dryness and dysphagia, we suspect inflammation or superficial abrasions about the epiglottis, or in the folds of mucous membrane running between it and the tops of the arytenoid cartilages. Great supra-thyroid pain, with burning and marked dysphagia, and with pain shooting up to one ear, will point to acute inflammation or deep ulceration of such parts. The dysphagia is greatest when the angles of the epiglottis and the aryteno-epiglottidean folds are involved. Pricking in the box of the larynx, with hoarseness or intermitting aphonia and semi-laryngeal cough, most often depend upon thickening or inflammation of one or both cords. Supra-sternal pain, constriction, or perhaps spasmodic dyspnœa, generally none of them very positive, will give hints of inflamed spots, thickened patches or ulcers of the trachea. In his experience, ulceration never exists in the larynx unless the pulmonary phthisis has reached the stage of excavation. In making a diagnosis the laryngoscope will eliminate hysteria and paralysis of the vocal cords. If chronic laryngitis coexists with pulmonary phthisis it is proper to associate the two pathologically. In syphilis the larynx is affected in only a very small proportion of cases; according to Mr. E. C. Morgan only 4.8 per cent. Primary laryngeal cancer is very rare. If the general and local signs are taken together, there should not be any insuperable difficulty in diagnosing between syphilitic, cancerous, and tubercular disease of the larnyx. So far as the ultimate prognosis is concerned, it is simplified by the appearance of the laryngeal complications, for they are a sign that the patient's tether of life is not a long one, even for consumption. The treatment must be aimed at their arrest, which will be accomplished by sedatives and rest. A sedative night draught should

be resorted to from time to time; thirty minims of the solution of hydrochlorate of morphia for a few consecutive nights will give good results and do no harm. Where dysphagia is prominent, ice to suck before medicine and food will be of service and the night medicine may be given hypodermically. Small doses of morphia may be given during the day. Outwardly, poultices or spongio-piline, wrung out of hot water and well sprinkled with laudanum, must be applied over the affected sore. A few drops of Battey's solution in the ear have often given relief. Inhalations of steam, medicated with a mixture of chloroform, compound tincture of benzoin, and juice of hemlock, are of service. This sedative treatment must be continued for a long time. In latent or chronic cases over treatment will excite, and it is well to do but little. If accessible, paint the surface once, not oftener than twice, a week with nitrate of silver solution (twenty-five grains to the ounce). When out of reach use the same solution by means of an atomizer (one to two grains to the ounce). The stimulant and alterative action of the silver salt may be varied with the stimulant and astringent action of sulphate of copper (fifteen grains to the ounce). Externally, counter irritation must be used. Great attention must be paid to diet.

Experimental Biological Research.

The *British Medical Journal* furnishes the following interesting statistics. It says the reports of Mr. Busk and Dr. Thornley Stoker, showing the number of experiments performed on living animals under the Act for Regulating Experiments on Animals, during the year 1881, have been published as a Parliamentary paper. Mr. Busk reports that the total number of experiments performed during the year in England and Scotland, by the thirty-eight licentiates, was about 270. Of these, 59 were performed under the restrictions of the license alone; 90 under certificates permitting experiments (with anæsthetics) in illustration of lectures; 29 under special certificates for experiments without anæsthetics; 92 under certificates dispensing with the obligation to kill the animal before recovery from an æsthetics; and one under a certificate permitting experiments on "cats, dogs, horses, mules, or asses." The only experiments in which it is likely that any appreciable suffering would be caused, are among those performed under the certificates of the last three descriptions. In all the experiments under the first and third of these heads the only operation consisted either in simple inoculation with a morbid virus, or in its introduction by hypodermic injection; the proceeding in either case being no more painful than the prick of a lancet or needle. Of the experiments under the second head, 68 also consisted in simple inoculation with a morbid virus, or the introduction by hypodermic injection of various substances of a poisonous or medicinal character. In most of the inoculation experiments no effect was apparently produced; while in those in which the inoculation took effect, either death speedily ensued or the animal was killed after a very brief interval. This was the result in about twenty or twenty-five cases, among which are included eight (seven mice and one frog) caused by poison in the prosecution of a recent criminal investigation (the Lamson case). In the other experiments of different kinds performed under the certificates dispensing with the obligation to kill before recovery from anæsthetics, the only pain caused would be that attending the healing of a wound and the necessary confinement, or in some cases produced by the action of drugs administered. The number of cases in which trifling suffering of this kind was caused might be ten or twelve. As in the experiments performed under the license alone, or under certificate for lecture illustrations, the animals are placed and kept in a state of anæsthesia, no pain need be inflicted; and Mr. Busk has every reason to be assured, as regards the due administration of anæsthetics, that the provisions of the Act are fully carried out. Of this he has on several occasions had an opportunity of satisfying himself from personal observation. He therefore states with confidence that, during the past year, no case has arisen in which it was found necessary to inflict pain, except of the most trivial nature, in the prosecution of scientific inquiry. Dr. Stoker's report for Ireland is of a similarly satisfactory character. He reports that under the licenses twenty-seven experiments were performed, "all of a highly useful character, being designed to elucidate the actions of drugs, or to throw light on questions of surgical and medical pathology." Dr. Stoker is of opinion that in all cases those persons qualified to experiment under the Act have conformed to its directions, and have observed all possible humanity in their investigations, and that no appreciable suffering has been caused to the creatures experimented on.

Neuro-dynamic Medicine.

Dr. B. O. Kinnear contributes an interesting and valuable article to the Boston *Medical and Surgical Journal*, on Dr. Chapman's system of neuro-dynamic medicine. This system consists in the theory that ice in disease, used properly, in rubber bags of the right length and width, over the spinal and sympathetic centres, dilates the arterioles controlled by such centres, and arrests at the same time hypersecretion from the glandular system, checks spasmodic and irregular muscular movements of voluntary and involuntary muscles, and arrests hypernutrition by its sedative action upon trophic centres. Heat used likewise acts in an exactly opposite manner. He has been able to relieve the pain of neuralgia, in some cases by ice and others by heat, as quickly and in many instances more rapidly than by hypodermic injections of morphia. Besides the swift relief afforded, this method of treatment has the additional advantages of not producing nausea, vomiting, headache or any other bad symptoms. In a case of agonizing pain from passage of gall stones, ice was applied over dorso lumbar region, and in *three minutes* all pain and tenderness had disappeared, whereas in previous attacks morphia had been wholly inadequate to relieve the suffering. In wind colic, applied over the same region, it will give immediate relief. It will relieve bilious attacks and sick

headache when applied over same region. In acute diarrhœa it will check the bowels, allay vomiting if it exists, and in the severer forms will restore warmth to cold and cramped extremities. In the vomiting of pregnancy, carefully used, it promises much. In gastritis, in simple leucorrhœa, and in constipation, he has used it advantageously. He has derived excellent results in hysteria from the effect of ice in subduing the hyperæmia of the sympathetic ganglia, and those spinal centres which give rise to the muscular spasm when unduly excited, as in these cases. In sleeplessness due to excessive use of the brain, from almost any cause, ice applied low down (dorso-lumbar region) will produce sleep by dilating the arterioles of the lower body, thus withdrawing from the cerebral circulation its excessive supply, the cause of the sleeplessness. When the ice is not sufficient, thus applied, to have the desired effect, a double-columned hot water bag may be used over the sympathetic ganglia of the cilio spinal region of Chapman, or, in other words, the cervico-dorsal vertebræ, and will assist, by stimulating these ganglia, to a hyperaction, causing thereby a contraction of the blood vessels of the brain. He used it with benefit in one case of asthma.

Dr. Kinnear, in conclusion, says: "I would again suggest to those of my medical confrères who may decide to try this method, not to do so without a careful attention to those *dangers* with which a careless or ignorant application will certainly bring them face to face. Upon these *dangers* Dr. Chapman gives very clear and minute directions and cautions."

Venesection in Heart Disease.

In the *Lancet*, Dr. Bedford Fenwick, in the course of an interesting article on this subject, says that his attention was first called to the value of venesection in heart disease by a mere accident. A young man was admitted into the hospital with mitral stenosis and aortic regurgitation. His condition became gradually more and more critical until he became drowsy, almost comatose, and his death was hourly looked for. When in this condition he threw up his arm, and striking his nose violently, it began to bleed very freely. Attention being called to another patient, his nose was allowed to bleed, thinking that it would soon stop. He lost some twelve or fourteen ounces of blood, and when again examined was found perfectly conscious, breathing quietly, and calmly said that he felt much better. His improvement was uninterrupted, and in a few days he returned home. Loss of blood is a common cause of fatty degeneration, therefore it would not be wise to bleed where we have or fear fatty degeneration.

Dr. Fenwick only uses leeches or cupping to remove blood directly from the cardiac region in cases where stenosis exists. He imagines that we obtain thereby more certain and more rapid results with a more accurate loss of blood than when venesection from the arm is resorted to. Still this is a matter of such great practical importance to the patient's welfare and to our own success, that he feels bound to state distinctly some reasons for his judgment: 1. The patient and the patient's friends usually object less when leeching or cupping is suggested, than when "bleeding" is proposed, and they are less alarmed at a local application to the seat of disease than at the procedure necessary to open a vein and keep it bleeding. 2. The quantity of blood to be abstracted can be more accurately measured and controlled, and is generally much more easily obtained, in cases of advanced stenosis, by local than by brachial venesection. 3. Even as, like all practical men, he gives a hypodermic injection of morphia at the seat of pain, although he cannot explain why its insertion there should give so much greater and more rapid relief than when introduced into the same blood at a distance, so he cannot explain why a little blood removed from the cardiac region should afford greater and quicker relief than is derived by the abstraction of even a somewhat larger quantity from the arm. He does the former and leaves the latter undone in these cases, because he is convinced of the great practical truth that thereby greater good is gained.

He has been astonished to find how drugs which had been given for days or weeks without apparent benefit, as soon as even a little blood has been removed, seem at once to assert their power again. Next, with regard to acute pericarditis and endocarditis, he has not had the opportunity of using venesection in many such cases, but where he has done so he has invariably bled by cupping the cardiac region, and always with good result—so successfully, indeed, as to make him believe that if this measure be taken at the onset of the disease it will very often, if not always, cut the attack short, or at least greatly mitigate its severity."

Finally, with regard to pain, more or less severe and more or less persistent in the cardiac region, he has found nothing give such rapid and complete relief as local abstraction of blood. In conclusion, he summarizes thus:—

1. In cases of valvular stenosis, if dyspnœa, or pain, or urgent symptoms be present, bleeding is generally useful; that it appears to be better to bleed often, if necessary, but to take only a small quantity each time, and this by means of leeches or the cupping glass, direct from the cardiac region.

2. In cases of valvular incompetency, if urgent dyspnœa or cyanosis or stupor be present, it appears best to bleed freely from the arm, to about sixteen or twenty ounces, if necessary, and if possible once for all.

3. In cases of acute pericarditis and endocarditis the attack may possibly be cut short by freely cupping the cardiac region at once.

4. In cases of cardialgia, without any evident cause, leeching or cupping over the heart's area will probably give relief.

Reviews and Book Notices.

BOOK NOTICES.

The Humboldt Library of Popular Science Literature. J. Fitzgerald & Co., New York City.

The publishers issue standard short essays on various scientific subjects, at the nominal rate of

15 cents each. The books are well printed, on good paper and in clear type. Some of these essays which might interest physicians are, "Mind and Body," by Alexander Bain; "Longevity," by John Gardner; "Lessons in Electricity," by John Tyndall; "Hereditary Traits," by Richard A. Proctor; "Oriental Religions," by John Caird, etc. The address of the publisher is 30 Lafayette Place, and any of these are mailed to the purchaser who remits 15 cents.

Labor Among Primitive Peoples; Showing the Development of the Obstetric Science of To-day, from the Natural and Instinctive Customs of all Races, Civilized and Savage, Past and Present. By Geo. J. Engelmann, A.M., M.D. St. Louis: J. H. Chambers & Co. pp. 202. Cloth. 8vo. Price $2.00.

Dr. Engelmann shows, in this work, that he is both a finished obstetrician and an ethnologist of close and extensive reading. Its pages are full of curious information, and the practical lessons drawn from a study of the customs connected with lying-in and birth in different ages and nations, are deserving the attention of every scientific accoucheur. One of the most unexpected results discovered is that observation and instinct have taught many savage people methods of the management of labor which, as the author remarks, "that only within the last few years are the most alert of our obstetricians in a position to compare with them."

It is especially in "massage and expression" that this is true, and the extent to which these plans of facilitating labor are used by primitive people testifies to their value.

The volume is illustrated with fifty-six woodcuts and a photograph, showing scenes of labor in ancient and modern times, the position of the patient, and the assistance rendered.

Lacerations of the Female Perineum and Vesico-vaginal Fistula; their History and Treatment. By D. Hayes Agnew, M.D. 75 Illustrations. pp. 141. Philadelphia: P. Blakiston, Son & Co. Paper 75 cents.

Of the two subjects here treated of, the first occupies fifty-six pages, the second, the remainder of the volume. Much of the space is taken up with descriptions of instruments and minute directions for the operations. Upon a strict observance of these minutiæ the success of the surgeon will depend. Dr. Agnew's statistics are good. He tells us that he has operated for vesico-vaginal fistula about sixty times, with three deaths, all doubtless due to a hospital atmosphere, and with not more than four or five failures.

Dr. Agnew's views about perineal lacerations are important. He does not divide the sphincter, and does not use the quilled suture. He cures the laceration of the perineum and recto-vaginal septum at a single operation, and by a peculiar method of inserting the first (interrupted) suture he does away with the necessity for a series of stitches to close the septum independent of those used for the closure of the perineum.

Mental Pathology and Therapeutics. By W. Griesinger, M.D. Translated from the German by C. Lockhart Robinson and James Rutherford, M.D. New York: Wm. Wood & Co. 1882. (Wood's Library of Standard Medical Authors).

Griesinger belonged to the last generation of German psychologists, and this translation of his treatise was published in England fifteen years ago. Since then psychiatry has taken a different direction, and although no one can fail to learn something from a perusal of Griesinger's half metaphysical doctrines, it would be a grave error to suppose that they are now current. Mental pathology has received vast accessions from histology, which Griesinger knew nothing about. The basis of the study of mind and of the distinctions of its morbid states is now seen to be, in the most direct sense, the body. The author was, however, an acute observer, and remarkably well acquainted with the literature of his specialty.

Cerebral Hyperæmia; Does It Exist? A Consideration of some Views of Dr. William A. Hammond. By C. F. Buckley, B.A., M.D. New York: G. P. Putnam's Sons. 1882. 12mo. Cloth. pp. 129. Price $1.00.

Dr. Buckley, who was at one time superintendent of an English Asylum, makes a vigorous onslaught on Dr. Hammond's theories about cerebral hyperæmia and anæmia, with which the profession is familiar. Many of the critic's objections are well founded, and if Dr. Hammond still upholds those theories, he will have some difficulty in meeting the objections. The tone of the writer is at times too controversial, inclining to personalities, which rather injures the weight of what he says.

Handbook of Ophthalmic Practice. By Charles Higgins, M.D., F.R.C.S. Second Edition. Revised. Philadelphia: P. Blakiston, Son & Co. 1882. 12mo. pp. 116. Cloth. 50 cents.

This is a very brief description of the principal diseases and injuries of the eye; too brief for most purposes, but, perhaps, of some advantage to the student in running over the subject in view of an examination. Its brevity is the only objection we have to it. Otherwise it is well written and the doctrines sound.

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THE NEGLECT OF THE STUDY OF PURE SCIENCE IN AMERICA.

The word *practical* is in undeserved honor among us. It is supposed to be the highest compliment that we can pay a book or a man to say that it or he is "eminently practical." The tradesmen have caught it, and we see in the streets the signs of "practical bootmaker," "practical carpenter," as if to draw a distinction against others in their callings who ply their trade in a theoretical manner only.

This is a great mistake. The practical man, practical pursuits, practical purposes, mean such as are directed to the accomplishment of known and narrow aims. Were all men practical we should fall into a condition of Chinese fossilization. Our salvation lies in the contemned unpractical men.

Nowhere is this more obvious than in science. Directed to solely practical ends, science makes but little progress. Those who have given it its greatest impulses are they who pursue it for its own sake; they who are seekers after its abstract truths, without caring whether these can be applied to the everyday wants of life or not.

Nor is the science of medicine any exception to this. Those who most deserve our thanks for discoveries in it have not been those whose first ambition was to get a "big practice," but rather whose enthusiasm was for knowledge more than for fame or money.

But, alas! How few of these there are anywhere in the world! Least of all do they flourish among us. And when a young man is willing to devote himself to this noble but arduous path, how little encouragement he has from any quarter!

In Europe there are foundations and fellowships, chairs in the universities and government aid for men of promise who wish to study abstract science. But where are any such helping hands among us?

The meagre appropriation of late years granted by Congress to the National Board of Health is now withdrawn. The Medical Colleges give out their chairs on other grounds than the love of science. Fellowships and foundations are practically unknown. In fact, there is nowhere any provision made to aid the student who would spend his whole time in the search for abstract truth.

The result of this is sure to be unfavorable. It lowers the mark for endeavor and depreciates the standard of thought. More and more is medicine looked upon as a mere trade, as a means of getting a living and making money. Even now, those who still retain some scruples about reducing it to the ordinary ethics of a trade-union are looked upon as behind the times, or eccentric.

Hospital positions are manipulated to increase private practice; books and essays are run through the press, not to instruct others, but as baits to fish for patients; novel instruments and operations are brought forward, not for their intrinsic value, but that the inventor may get ahead in the world. Rule out of our literature all that is written from such motives, and how little would remain?

The remedy for this is to uphold the supreme importance of the pursuit of abstract science, of

those studies which have no practical aim, but seek the truth alone. Award to these dignity and the highest place, which is theirs of right, and we shall do much toward infusing a nobler spirit in all who pursue our science.

REST IN TREATMENT OF HEART DISEASE.

By this we mean not positive, but comparative rest; neither do we refer to acute inflammatory affections of the heart, wherein, from the very gravity of the disease, confinement to bed and consequent rest become necessarily assured. We are thinking of those cases of heart exhaustion, so to speak, of individuals whose general health and tonicity is much run down, from overwork or abuse, and in whom the heart shares in this general vitiation. Possibly the organ is not in itself diseased; its organic integrity may be perfect, but its muscular walls may be flabby and weak, ready to yield to, or, more properly, unable to resist, any great strain. If, when in this condition, the man resorts to any violent muscular exercise, or subjects himself to the influence of violent physical emotions, this weak heart may become mechanically distended, in its efforts to perform the extra labor demanded of it. Or it may be that dilatation has already taken place to some extent; then does it become important to allow the organ time for the development of the beneficent hypertrophy that will do so much to preserve its integrity. By rest, we mean to advise your patients who are threatened with or already have dilatation of the heart to do everything slowly, to perform every act of life deliberately, and to avoid, as far as possible, all occasions calculated to excite the passions or emotions. We must ever remember what a delicate machine the heart is, and how easily it can become deranged, and realizing this, must consider how much more care this organ requires when it is already diseased. We must, under such circumstances, walk slowly, think slowly, eat slowly, in a word, do everything slowly. It is not well, and we do not recommend the carrying of this advice to the verge of laziness; but what we do mean is, that while it is well for all (either sound or diseased) to avoid hurry, it is ten times more important, aye, absolutely imperative, for the man with a weak or diseased heart.

Notes and Comments.

Resection of the Pylorus.

In a correspondence to the *Wiener Med. Woch.*, Dr. Anton Wölfler, in Vienna, mentions, in regard to the results of the resection of a carcinomatous pylorus, that the woman on whom he performed this dangerous operation one year ago was living in a "splendidly nourished" condition; that all subjective complaints have ceased, and that the repeated and careful examinations have proven to an undeniable certainty that no recurrence of the malignant growth, either in the stomach or in the neighboring lymphatic glands had taken place. He also tells us that the second patient on whom Billroth operated for the same cause, October 29, 1881, was "perfectly well, looked strong, and is happy to be able to return to her usual occupation without any disturbance or impediment whatever."

These are results that should stimulate us to new exertions; the operation is not alone justified, but in proper cases even strongly demanded. "May it," concludes Wölfler, in his letter, "succeed right frequently, to the benefit of the human race and to the honor of the medical profession."

American Dyspepsia.

In the Boston *Medical and Surgical Journal*, Dr. James H. Robbins takes the ground that the prevalence of dyspepsia among us is due less to improper food, badly prepared, to haste in eating, or to excessive eating, than to the fact that we nearly all are the possessors, either by inheritance or acquirement, of imperfect nervous organizations that are consequently unable to lend their aid to digestion as they should; for this reason but few of us are able to digest enough food for our bodily repair; hence we experience the sensation of having over-eaten, when in reality we have not had enough. The author says:—

"Such causes operate with special power upon us of the present generation of the Anglo-Saxon race, whose ancestors came to this country several generations ago, for the reason that from these ancestors we inherit nervous systems of impaired vigor. Our parents and grandparents were so strenuously engaged in an arduous, ambitious, and competitive endeavor, amid the

rapidly changing conditions of life in a new country, to secure competency and respectable social position, that they expended, to a great degree, their own vital powers, and have accordingly transmitted to their children delicate and neurotic constitutions. If it is granted that we inherit a diminished vitality, it is easy to see how ingeniously the pressure, the wear and tear, the strain, the excitement, the hurry and worry incident to this breathless, bustling life of ours, affect the nervous system. It is also evident that impairment of digestion and mal-nutrition must be the certain result of such a condition of things."

This deterioration of the nervous system is fostered and increased by our faulty methods of raising children and our own erroneous style of living when we reach maturity. The evident remedy is to be found in an elevation of the tone of the nervous system. Whether this theory be true or not, it is a very charming one, and would certainly seem to account for much of the dyspepsia that renders so many persons miserable.

Temperature in Cardiac Disease.

The *Lancet* says a monograph upon the above subject has recently been published by M. Sabatier. His researches embrace the determination of the local temperature of the præcordia, as contrasted with the axillary temperature. He states the normal temperature of the præcordial region as 36.1° C. (about 97° F.), liable, however, to variations in different subjects. In pericarditis the axillary temperature is much raised in acute cases, but not influenced in chronic and subacute cases. The præcordial temperature is increased in acute and subacute pericarditis, but where there is much fever, as in acute rheumatism, the præcordial temperature is lower than the axillary. When the local inflammatory process is very intense this difference may be reversed. When right-sided pleurisy coincides with pericarditis, local thermometry indicates the relative intensity of the two inflammatory processes. During endo-pericarditis the local temperature does not subside so soon as the general. In endocarditis there is no local rise in temperature, a point of distinction from pericarditis. In cardiac hypertrophy the præcordial temperature is the same as, and sometimes lower than, that of the opposite side. Vesication applied to the præcordia keeps the temperature at a high level for several days. Numerous tracings are given, and, although the subject is limited, and, perhaps, hardly sufficiently fruitful, considering the labor expended upon it, it is the first contribution to local cardiac thermometry that has been made. The author believes that the method is a valuable aid to diagnosis, and that the local temperature of the cardiac region should always be estimated. It is of most importance at the close of the acute period, when the axillary temperature has become normal.

Peculiar Attacks in a Case of Locomotor Ataxia.

Drs. Raymond and Oulmount observed peculiar attacks in a patient suffering from tabes. Dr. Bernhardt gives us, in the *Centrlb. f. d. Med. Wis.* 9, 1882, p. 160, the following description:—

The patient awakened suddenly, usually in the night, with a violent desire to micturate, but passed a few drops only; a most intense pain seemed to tear his urethra apart. This paroxysm lasted from one to two minutes and returned every fifteen to thirty minutes. The duration of the whole seizure was generally from ten to twelve hours; toward the close, the poor sufferer passed a few drops of pure blood; the attacks then ceased, but nearly the whole of the following day the urine was somewhat bloody.

Such crises usually happened then, when the lancinating pains in the lower extremities had been of a specially severe character. If the patient continues in the recumbent position, the attacks are somewhat milder than when he is restless. Raymond and Oulmout remark that one should not forget to look for stone in the bladder in such cases, which the blood seemed to indicate. In this case no stone could be found.

Nuclear-muscular Paralysis of the Eyes.

The symptom-complex of this disease, as described in No. 16, III, 82, of the *Deutsche Med. Zeitung*, and as mentioned already by v. Graefe and others, is as follows:—

When the general health is perfect and not in the least disturbed, a gradually progressing paralysis of at least all the muscles of the eyes (levator palpebrarum, superior included) develops itself. The bulbi are at the same time becoming more prominent. Some muscles may, however, be more paralyzed than others. The movement of the pupil and the power of accommodation are always intact. When the disease has reached its acme, the eyes are perfectly motionless. The malady is incurable.

Dr. Lichtheim, in Bern (*Corr. Bl. f. Schw. Aerzte* 1, 2, '82), who seems to have given this subject special attention, believes the cause of this disease to be an isolated affection of the

motor oculi, of the abducens and the origin of the trochlearis, a lesion which affects uniformly a series of gray matters which are functionally connected with each other. He compares this complaint with bulbar paralysis (labio-glosso-pharyngeal paralysis), with which it has undoubtedly many points in common, only this eye disease never causes death. I. Hutchinson has observed seventeen such cases. Reports of post-mortem observations, with description of the brain, have not as yet been published.

Removal of Uterus for Malignant Disease.

In the *American Journal of Obstetrics*, Dr. T. A. Emmet reports the case of a woman, about fifty years of age, in whom, having made the diagnosis of cancerous growth just within the cervix, he decided to remove the uterus. He reached this conclusion because the general health of the woman was excellent, and he considered that he had encountered the disease in its early stage, which rendered such an operation justifiable. The womb was removed through the abdominal walls, and the bladder was unavoidably injured during the operation. To guard against peritonitis a coil of india-rubber tubing was placed on the abdomen, and according as there were rises of temperature ice water was made to flow through it. The patient died on the morning of the fifth day.

Diseases of the Eye Due to Masturbation and Sexual Excesses.

Prof. Herm. Cohn delivered a lecture on this subject in a meeting of the medical section of the Schles. Ges. f. Vaterl. Kultin. A report of this lecture is contained in the *Bresl. Aerztl. Zeitsch.*, III, 4, 82, and an extract of it in the *Deutsche Medicinal Zeitung*, III, 16, 82.

Cohn observed, in cases of masturbation, if practiced to excess, photopsia, conjunctivitis, blepharospasm and paresis of accommodation. Photopsia showed itself always as subjective light phenomena in young persons, the eyes of which represented a perfectly normal pupil, normal vision and tension, an intact sense of space, light and color, clear media, a perfectly healthy optic nerve and a normal retina. The patients had all kinds of phenomena. They saw spots, stars, light wheels, shining circles, or brilliant dots. In the majority these fata morgana ceased during darkness; in all, on closing the eyes. Of conjunctivitis Cohn saw six cases; blepharospasm due to masturbation generally attacked both eyes. If this contemptible habit may lead to amblyopia has not been demonstrated. Mooren already insists upon the relation between masturbation and paresis of accommodation. That glaucoma and morbis Basedowii happen in such cases has been mentioned by Förster and v. Graefe. In conclusion, Cohn recapitulates the view of neuropathologists concerning the dangers of this habit, and recommends as cure, convincing, by plain and public talking. The pupils, at a certain age, should specially be warned against it.

Erythrophlæn, a New Alkaloid.

Gallois and Hardy reported, some time ago, that they had been able to gain from the codex of Sassy (erythrophleum guineense) an alkaloid, erythrophleïn. Prof. E. Harnack, of Halle, communicates to the *Centralblatt f. d. Med. Wissensch.*, No. 9, 1882, the fact, that on further examination he had been surprised to find that this alkaloid unites the main effects of digitalis and picrotoxin; that it did not only possess the characteristic effect of the former on the heart, but causes also convulsions, due to irritation of the medulla.

This is of the more importance, as, so far, only substances free of nitrogen have been known to possess such an effect. Chemically, erythrophleïn is somewhat similar to atropia, especially as regards its products of decomposition.

Treatment of Fracture of the Femur in Children.

It is well known that Schede was the first who (1877) attempted the treatment of fracture of the femur in children of very young age (1 to 3 years) by vertical extension. Jarnbach (*B. Kl. W.*, 9, '81) condemned this procedure, saying that the permanent position on the back would cause affection of the lungs.

Dr. Herm. Kümmell, of Hamburg, reports now, in the *Berl. Kl. W.*, 4, '82, that he has treated 40 such cases, according to the method suggested by Schede, and he found that children, even badly nourished and under by no means favorable circumstances, had been able to withstand a permanent position on the back for as long as 111 days, without in the least suffering from it, as far as their lungs were concerned.

The *Deutsche Medic. Zeitung* specially mentions, in addition, that the result of this treatment in Kümmell's cases was excellent, as not a single case of dislocation in any direction, nor shortening of the fractured extremity, was observed, and recommends, very properly, the general adoption of Schede's method in all cases of fracture of the femur in very young children.

Acute Rheumatism and Salicylate of Sodium.

At the meeting of the Society of Physicians of Nieder-Œstreich (February, 1882), Dr. M. Heitler mentioned his experience in the treatment of acute articular rheumatism with salicylate of sodium. He found its action the most rapid and favorable in very acute and violent cases, while in such as run a more protracted course the remedy was far less reliable. The doses administered must not be too small, and have to be frequently given. He advised a daily dose of 160 grains to be given w thin five hours ; every hour 32 grains. When the symptoms decline the remedy should be employed the same way one day longer. The complication of endocarditis is in no way affected by this remedy. How the pulse is the guide, when to decrease the doses, we mentioned in a leading article on salicylic acid, some time ago.

A Marvel of Surgery.

Dr. Roswell Park, of Chicago, reports a marvelous case that he has recently seen in Prague. The great surgeon, Gussenbauer, more than a year ago removed the larynx and epiglottis of a patient suffering from cancer. Six weeks after ward he began to wear part of the artificial larynx, and after accustoming himself to this, he gradually learned how to introduce and use the reed which takes the place of the vocal cords. The patient is a riding teacher, talking a great deal, and does not suffer the slightest inconvenience or pain. His voice is monotonous, but his enunciation excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intra-laryngeal operations had been previously made before Gussenbauer attempted his feat.

Tumor of the Cortical Substance of the Brain.

The *Pesther Med.-Chir. Presse*, No. 46, reports a very interesting case of a tumor of the cortical substance of the brain, presented by the Med. Corr., Prof. Wagner, in the University Clinic.

The tumor, of the size of a walnut, and apparently tubercular in character, was found in the left upper temporal lobule, and had caused softening extending to the posterior central convolution. The symptoms, which had been observed during life, and which may be ascribed to this tumor, were the following: Awkwardness and debility in the movements of the right hand, and two attacks of convulsions, beginning both times with spasm of the same hand. The second of these paroxysm, a very violent one, caused the death of the patient.

CORRESPONDENCE.

Digitalis and Aconite.

ED. MED. AND SURG. REPORTER :—

In your journal for June 3d, 1882, you give a short but interesting article on digitalis and aconite, which forcibly reminds me of my experience with those drugs.

The therapy of digitalis and aconite, as I got it thirty years ago, while a medical student, was of such a demoralizing nature, that I was for a long time deterred from the use of those valuable medicines ; and as there are others, perhaps, in the same condition, I will, for their benefit, give a brief statement of the results of my use of them.

Lectures and text books of the time of my student life seemed more for the purpose of frightening the young physician than teaching him their properties.

The "cumulative" action of digitalis and the powerfully depressing properties of aconite received much more attention in the lecture room than all else of their therapeutical properties.

The pharmacy of those drugs has improved as much or more than has our knowledge of their therapy, and their bad or uncertain effects are more attributable to the improper time of gathering, and the place and manner of their preparation for use, than to any real want of uniformity of action.

The *German tincture* and the "*specific*" tincture of the Eclectics are the only preparations of either that I use ; other preparations may be reliable, but finding those to always give responsive action, I use no other.

During the last ten years I have used digitalis a great deal, for the amount of general practice done, and perhaps in all the abnormal conditions of the heart in which that drug is indicated, without a single bad effect, except that all the cases did not recover : nor do I remember a case in which the physiological effect of the drug did not obtain.

In the intermittent or remittent pulse of cardiac disease, or in that of fevers, digitalis will give regularity to the circulation. And so uniformly does that result obtain that I look upon it as a heart tonic, as reliable as bark, and its salts are antiperiodics.

And so sure and steadfast are its tonic effects upon the circulation, that, were I to permit a typhoid case to enter the third week without digitalis I would feel that I was doing him great injustice.

I do not use it as, or believe it to be, a sedative at all like veratrum or antimony ; yet it will "slow" a quick pulse, but it is the quick pulse of debility.

If small doses, at short intervals, is the better way to use any medicine—and I think it true of most all—it is preëminently true of the two under consideration.

Of digitalis, I do not remember to have given more than two drops of the above preparations,

or more frequently, in that dose, than every two hours. its effects obtaining in twelve hours, sometimes much sooner.

In anasarca and ascites, conjoined with apocynum, it has in every instance given relief. In the bronchitis of the old, or very feeble of any age, with aconite, it is invaluable. Indeed, the whole therapy of digitalis may be summed up—and I dismiss it with this remark—it is indicated, and will give good results in all cases of feeble circulation.

An old gentleman of this place, with a complication of cardiac disease; effusion so great he could not lie down (pleural effusion as high as the nipple on both sides); so imminently perilous was his condition, we telegraphed to New York for an aspirator, but at once put him to taking digitalis and apocynum. In thirty-six hours improvement began, and before the aspirator came—some five days—he could lie down in comfort, and though the case terminated fatally several months after, he got those several months through by the supporting properties of digitalis. Other cases could be given, like his, but it is unnecessary.

Let me impress it upon the young physician, for whom this is especially written, yea let me emphasize it, give digitalis in small doses, and you need have no fears of "cumulation."

Dr. Fothergill, of England, has recently called attention to what he says is true—I have not seen it—that after your patient has been under the influence of the drug some time, a sort of paralysis of cardiac muscles takes place; that very pathological condition digitalis is wont to remove.

My friend. Dr. C. M. Sebastian, of Martin, Tennessee, stated, a few days ago, before the West Tennessee Medical Society, of which he is vice president, that recently he had a patient taking digitalis, in whom that condition obtained, which condition passed off on the discontinuance of the drug for a while, to have its good effects on its resumption, and so pronounced did the symptoms become of the paralyzing effects, that the patient learned himself when to discontinue it.

Is it not most likely that the paralysis that Dr. Fothergill speaks of is that condition that used to be, and is yet, called the "cumulative?"

In regard to the aconite, I start out with the broad statement that it is indicated in all inflammatory and febrile diseases in which there is a frequent small pulse; in the bronchitis of the aged, in the catarrhal affections of infants and children, be it of the stomach, bowels or air passages.

As veratrum is *the* sedative in many cases of full, hard pulse, sthenic disease, so is aconite *the* sedative in the frequent, small pulse, asthenic disease.

The sedative we want in all mucous inflammations, in common catarrh, a bad cold, eyes and nose running, sneezing, constant tickling in the trachea—add one minim specific tincture or fluid extract aconite to one ounce of water: give a teaspoonful every hour; it will surprise any one who has not used it thus. And as before said, and to sum up in a few words, aconite is indicated in all cases of inflammation in mucous tissues; in all fevers with small, quick pulse, if a sedative is desired, aconite is the one.

Trenton, Tenn. S. W. CALDWELL, M.D.

A Growing Evil.

ED. MED. AND SURG. REPORTER:—

We find in an American journal, apparently published for the advancement of our materia medica, but in reality serving the business interests of a wholesale drug firm, an editorial notice, headed "A Growing Evil," wherein physicians are blamed for not being "fully alive to the importance of *specifying continually* the name of the manufacturer whose remedies they prefer, when ordering from wholesale drug houses or in writing prescriptions."

Our opinion is exactly the opposite one. If there exists anything ridiculous, it is a prescription, as for instance, the following:—

R.	Elix. cinchon. ferrat. (John Smith & Co.)	f℥ iv.
	Ext. jaborand. fld. (L. Smith & Co.,)	f℥ ss
	Tinct. nucis vomic., (M. Tincture & Co.)	f℥ ij
	Syrup. limonis comp. q.s. ad (F. Syrup & Co.)	f℥ vj. M.
SIG.—		

A physician should know, in the locality in which his patients reside, every apothecary who is reliable, and only to such drug stores should he send his prescriptions to be put up. So-called proprietary medicines should, under no circumstances, be prescribed. The physician should write for such compound medicines only as are either recognized by the Pharmacopœia, or which are of his own composition, and the compounding of which is described in the prescription, while the apothecary is held responsible for the character of the drugs directed to be employed in the making up of the prescription.

Certainly, with sugar-coated pills, for instance, which cannot be made so well in a retail drug store as wholesale, or phosphorus pills, the minute division here necessary being better accomplished by machinery, and with similar preparations, the case is different. The same holds good with certain articles, as Squibb's, ether, etc., where the manufacturer has gained a deserved reputation for the purity and uniform strength of a certain medicine. But what we despise is the employment of any proprietary compounds in the composition of any prescription. Any elixir, mixture, syrup, pills, etc., put up and ready for sale by any drug house, should be discarded. The only use, especially pills of this kind have, is in hospitals and in country practice, where the physician must also dispense his medicine.

Our prescriptions should always be so written that they may be put up by any good apothecary in any civilized country of the whole world. If we write, for instance:—

R.	Olei morrhuæ,	f℥ iv
	Syrup calci lacto-phosphat.,	f℥ ij
	Gm. acaciæ,	℥ vj
	Misce ut fiat emulsio, ad	f℥ vj.
SIG.—		

any reliable apothecary in the United States, England, France, Germany, Italy or Russia would be able to put up the prescription, while an American traveling in Austria might find

difficulty in procuring his medicine on a prescription as follows:—

℞. Emulsion cod-liver oil and syrup lacto-phosphate of lime (cod-liver and co), f℥ vj.

The physician should be the one who, having judged all the facts bearing upon a case, directs the composition of the medicine indicated, and not the apothecary or wholesale druggist, who compounds a certain mixture, for which the doctor has to hunt up a case in which it might answer its purpose. The medicine must be prepared to suit the case, and not the case made to suit the medicine. **

"Self Abortions."

ED. MED. AND SURG. REPORTER:—

I desire to relate the occurrence of several self induced abortions that have come under my notice:—

One case, I remember, was induced by large injections of water, alternating with hot and cold water, used every few hours. After the third day a two months' fœtus was expelled, followed by a profuse hemorrhage, which I was called to treat.

Another lady regularly aborted by introducing a common goose quill and leaving it within the uterus until expelled by uterine contractions. She had been advised to select the end of the third month for the operation, and she laughingly remarked "that she could flip their *eds hoff hevery* time." (She was English.)

I knew another lady who used, for a similar purpose, a common knitting needle, half an inch of the point of which was bent at an obtuse angle.

But the most remarkable case I ever knew came before me last winter. A tall, angular girl, about 20 years old, came into my office, and without hesitating, remarked that "she was in a fix, and was determined to get out or die." Said she had got something in her womb. I asked her what it was. She doggedly replied, "a button hook." I placed her in my chair and found about half an inch of the handle protruding between the labia. She had the point passed beyond the internal os, and in attempting to withdraw it the point imbedded itself firmly in the uterine tissue. There was some hemorrhage, and labor pains were pretty frequent. In her efforts to dislodge the hook she had dragged the uterus low in the pelvis. Seizing the handle with my left hand I introduced uterine forceps along the stem of the hook until they entered the neck of the womb. I then opened the blades so as to embrace the stem at the curve of the hook, and had little trouble in removing it. Labor progressed, and in a few hours was over with, the girl making a good recovery.

Janesville, Wis. H. S. HUMPHREY, M.D.

—The Japanese Government has lately drafted new regulations for marriages. According to these, no man in the empire will henceforth be permitted to marry before arriving at the age of twenty. Women, however, are to be privileged to marry at eighteen.

NEWS AND MISCELLANY.

British Medical Association.

The Fiftieth Annual Meeting of the British Medical Association was convened in the Guildhall, Worcester, on August 8th. The President, Dr. Strange, then proceeded to deliver his address, but before doing so, expressed his regret that so few foreigners had been able to attend the meeting. About fifty distinguished men in America and on the Continent had been invited, but only two or three had been able to accept. It was a matter of regret that such men as Charcot, Esmarch, Pasteur and others were not present among them.

PRESIDENT'S ADDRESS.

This occasion being the fiftieth on which the President of the British Medical Association had been called upon to make an address, the usual subjects discussed upon such occasions had been well nigh exhausted, in consequence of which the present incumbent felt much at a loss for a subject upon which to address his colleagues. Taking into consideration that this was the jubilee meeting of the Association, he had decided that the most appropriate topic for his address would be a review of the "Revival and Survival of Medicine," which (dividing the subject into two parts) he proceeded to discuss.

PART I.—THE REVIVAL OF MEDICINE.

The speaker said:—

Turn back with me now, in memory, to the decennium which fell between the years 1830 and 1840. The times were pregnant with mighty changes—political, social and scientific. To those whose memories are able to carry them still further back—viz., to the period immediately succeeding the close of the great Continental wars, the collapse which followed the exhaustion of the nations by those wars must appear a most noteworthy circumstance. This period lasted from 1815 to the financial crash of 1825. The political collapse appears to have been accompanied by a corresponding mental stagnation. Science, which loves to dwell with peace and gentle intercourse, had, indeed, been quietly working in their absence, unnoticed in the political turmoil, and had made frequent efforts to obtain a hearing, but no one listened. The pipers were, indeed, ready, but no one had the heart to dance.

When, at last, the calm of peace settled down upon the nations, the pent-up forces of intellect burst forth; then was developed that new power of combination and association.

Combination, applied to the exercise of thought and to the diffusion of knowledge, resulted in the formation of those great societies of which the "Provincial Medical and Surgical Association" was neither the meanest nor the least valuable. The year preceding the birth of our Society—viz., 1831, had seen the "British Association for the Advancement of Science" launched into existence, our Sir Charles Hastings having been one of the original members. A few years before the Society of German Naturalists and Physicians had been instituted. And, in July, 1832, the foundation-stone of our own

Society was laid in this city, by its distinguished and ever-to be-respected founder, Charles Hastings, and his small, but devoted, band of coadjutors.

As there were great men in Greece before Agamemnon, so also there were great names in medicine before 1832. There were, however, in those days, giants indeed, the like of which, at one period of time, the world has rarely, if ever, seen. Recall to your minds the names of Wilson Philip, who once lived here in Worcester; of Lawrence, of Abernethy, and of Cooper, all of whom, however, were already passing away; and then of Copland, of Latham, of Marshall Hall, of Brodie, and of Watson, in England; of Barclay, and Gregory, the Monroes, and the Thomsons, of Knox, Alison, Bell, and Christison, in Scotland; of Graves, and Stokes, and Colles, and many others, in Ireland. Nor was the Continent in any way behind us. I, myself, had the pleasure and advantage of hearing Louis expound Lænnec, and of literally sitting at the feet of Andral, Chomel, Magendie, Roux, and Milne-Edwards; while Rokitansky, Scoda, Liebig, were raising the German school of medical philosophy from out of its backward, or, at least, little known, condition, toward the pitch of eminence to which it has since attained. And not only was it in medicine proper that this great advance was being made. Biological science generally was reaping, in this generation, the benefits conferred upon it by the one which preceded it. Bichat and Barclay, Prochaska and Wilson Philip, were followed by Magendie and Fletcher, by Milne-Edwards and Marshall Hall, by Charles Bell. Brodie, and Hope, and by a host of others second only in fame to those I have named.

These men all offered for our admiration and imitation two prominent characteristics: patient research and observation of facts, and thorough conscientiousness in the use of them; and unswerving courage and truthfulness in announcing these facts to the world. The days of unquestioned dogma were passing away. No deductions were drawn from a few meagre facts, warped and manipulated to fit them to a preconceived theory; but the true Baconian system was honestly adopted, and no conclusions come to but such as as were justified by the data at command. Compare the diction of Lawrence, of Bell, of Latham, of Watson, of Gregory, Alison, and Christison, of Graves and of Stokes, with that of their contemporaries in any other field of literature, and you will not have to blush for the great physicians and surgeons of that day. Of our own Watson, you know it has been said that he made the "Practice of Physic" to read like a novel; and, in this respect, I think I may call him the Macaulay of medical literature; while the terse and transparent style of Latham and of Bell bears a close resemblance to that of Connop Thirlwall, who, it is said, made but an indifferent bishop, but would have made a first rate Lord Chancellor, or a great physician. I do not like to say anything ill-natured of the style and diction of some of our modern medical authors; but, all the same, I think their time would be not altogether wasted, if, before putting pen to paper, they were carefully to peruse and re-peruse, the works of the older writers to whom I have just referred.

No wonder, then, that in such progressive times, to a mind like that of Hastings, the cold stagnation of a small provincial town was unbearable. He read papers and started journals and societies on a small scale, but it was not until 1832 that he received sufficient encouragement to venture upon that step which he proposed should result in placing the provincial practitioner in almost as good a position as his metropolitan brother. The speaker then gave a description of the provincial physician of that day, which was much like our country physician. The aim of our founder was, that knowledge should be freely and generously communicated by the free and generous intercourse between hitherto separated and scattered individuals. That this aim has fructified so as to justify its conception is, I venture to think, proved by what we see here to-night; by the vast numbers who now call the British Medical Association their professional parent.

In closing the first portion of his address, the speaker said, I fear I have wearied you with these references to an almost forgotten past. But, if it is good for us to look to-day, before and after, upon what we *were* and upon what we *are*, in the hope that we may find a true beacon-light to guide us in the course on which we are now entering, viz., our onward journey in company with the second half of the century of the existence of the British Medical Association, I think the reference will not have been altogether out of place; for, if our fathers did greatly with the limited means at their command, we, with our far vaster opportunities, shall be expected, at least, to equal their deeds. If they laid the foundation of all that is valuable in our modern medical literature; of all that is exact and trustworthy in our scientific precepts: of all that is honest, free, and catholic, in our investigation of truth; of all that is liberal, sympathetic, humane, in our intercourse with each other, and with the world; I think it is due to them that this jubilee—this commemoration of the past and inauguration of the future—should not be allowed to pass away without justice being done to the memory of those whose labors have so greatly contributed to make such a meeting as the present possible.

In this imperfect and necessarily hasty attempt to trace the history of the medical mind during the past half century, I have made no mention of medical politics. Nor do I intend to do so now. A President's address, it is said, as it admits of no discussion, so it should contain no disputable matter. But I may briefly remind you that the great corporations which guard the entrance into our profession, and fix the initial requirements from each candidate, were at length roused from their long apathy, and their exclusiveness was finally broken down by the same active minds of whom I have spoken—those minds who determined that everything connected with medicine should be free. The College of Physicians, before so exclusive, somewhere about 1860 threw open its doors and its honors to all qualified applicants, come from what college or university they might. The College of Surgeons had somewhat earlier given an impetus to enlarged studies by the establishment of its present fellowship

examination; and the sister establishments in Scotland and Ireland soon had to follow suit.

PART II.—THE SURVIVAL OF MEDICINE.

It has been often enough said, but never more to the point than by Dr. Acland, in his address to this Association, at Oxford, in 1868, that "there are certain landing places in a man's life where it is desirable that he should pause and think." Let us pause here, in this landing-place of our existence, this point between the fifty past and the fifty coming years, and look about us, and ask ourselves what manner of a profession ours *now* is? what is the condition and tendency of its mind? what are its aims? and what are the means by which it seeks to accomplish these aims?

Fortunately for our profession, we enjoy absolute liberty in our practice. We have no senate to revise and over-rule the decision of the commonalty of medicine; no courts of appeal, like our friends, the lawyers. We enjoy freedom to think; freedom to speak; freedom to write; freedom to teach!

The great corporations, so long as we do not get convicted of felony, leave us pretty much to our own devices. Neither do they set up any standard of correctness, either of theory or practice. There is no theory which we may not promulgate; no practice, short of manslaughter, which we may not pursue. An unfettered press and open criticism are the courts before which all claims to new discovery, to improved practice, to advance in knowledge, must be brought. All must stand or fall by their own merits. Still, great names have their weight. The words of a Jenner, or a Paget, compared with those of little known authors, are as the discharge of an eighty ton compared with that of a pocket-pistol.

Over the church and over the law, for obvious reasons, it may be desirable that the State should hold a check; but over the investigations of science, and over the application to practice of that science, we will have no master other than the moral conscience of our profession itself.

The advantages of this liberty are obvious. It must be the verdict of the profession itself which shall say, "Well done, thou good and faithful worker, be thou rewarded for thy faithfulness to truth, to nature, to humanity, by the acclamations from the thankful and reverent hearts of thy brethren." This is the true gold. This is the patent of nobility conferred on real merit.

Liberty unrestrained, may, however, degenerate into license. It is this spirit carried to excess which forms one of the nuisances of modern medical literature, when many a fresh investigator will treat his subject as if no one had ever done anything in it before; when many a young observer must narrate what he sees as if it had never been seen before; parading as new what may, perhaps, be found in Hippocrates or Galen; or, at the least, repeating in book and lecture what has been better said a hundred times before. Our current literature swarms with instances of this nuisance, for a nuisance, and a real weariness of the flesh it is to all readers who know the literature of their profession.

Self-assertion! Self laudation! Self-sufficiency! and then the one step further ——! Gentlemen, the quackery, the charlatanry, that exists outside the profession will never hurt us. It is the quackery, the charlatanry, the false pretence, the dishonest self-seeking to be found within the profession, which, if unchecked, will bring disgrace upon us.

A great characteristic of modern medicine is philanthropy; we ignore our own personal advantage whenever it is placed in opposition to the good of our patients. Is not sanitation and the legislation which promotes it the work of our profession, and do we not almost invariably, when entering a house, inquire into its sanitary condition, and when discharging a patient, cured, give him such advice as is calculated to prevent him from again falling into our hands? The public are beginning to feel that ours is not a mere trade, so much attendance for so much money. They are even inclined, some of them, to pat us on the back and call us noble fellows. But be on your guard! Much of this praise is false pretence, and given with the covert intention of trespassing upon your time and labor in an illegitimate manner. I think I have established our claim to two great Christian virtues, viz., true liberty, and charity, or love.

What then remains to complete the Christian triad? Is it not Truth; Truth to nature; truth to ourselves; truth to our brethren and to the world? Are our studies and researches carried on in the sincere desire to attain the truth, and the truth alone? Is our teaching animated by the same principle, and by nothing else? Are our practice and our intercourse with the world regulated by the all-sufficient motto, "Let truth prevail, though the heavens fall?" If we all could answer these questions by a bold and honest "Yes," I should have no fear but that our profession will, in time, arrive at that high pinnacle of usefulness and exalted public appreciation which two great men have foretold for it. It was no less a man than Descartes who foretold that a great future was in store for us. All science, and almost all knowledge, was to be drawn upon to furnish the physician's mind, and then, he said, "all things would be open to him." No less a man than Lord Beaconsfield uttered nearly the same idea. If, therefore, these far-seeing men presaged such things for us if the light of truth were consistently followed, what a failure must it be if truth be lost sight of! If this great light that is in us be turned to darkness, how great indeed must that darkness be!

The spirit of our age tends toward a general *laissez faire;* allowing every one to follow the direction of his own mental bias, or even whim, whether the project be theory or practice. But there must be a right and a wrong road in all intellectual and moral action. Truth being many sided cannot be confined within fanciful bounds. The scientific mind must be perfectly free and open, not enslaved by reverence for a name or by predetermined dogmas.

Nor can there be any real fellowship between honest truth and consciously pursued error; for, independently of contradiction of belief, the lines they severally work upon diverge until they no longer touch at any point. To agree to differ, therefore, is not enough; there must be utter repudiation the one of the other.

And then, in regard to practice, are not the same faults to be discerned? Are there not in our ranks those who conduct their practice under what I may call an organized hypocrisy; men who assure one class of their patients or dupes of the hope of cure when cure is impossible, and given up by all honest men; who assure another class of the existence of serious maladies which no one else can see, and treat them for months or years for ailments which do not exist, or, existing, are of no importance; while guinea after guinea is extracted without mercy, or regard for the means of the patient, or to the real services rendered? By these vile arts the character of a noble profession is dragged in the dust, and fraud, detected in the guise of science, hangs her disgraced head.

Some of these faults owe their existence to the ignorance and caprices of our patients. It would be laughable, were it not lamentable, when the issues of life and death are concerned, to hear the reasons which often guide our patients in seeking what they call "further advice."

One wretched form which this assumption of independence of judgment takes is the resort to advertising quacks, not only those without, but also those within the profession. And then, as regards consultants, do we not recognize a solemn farce when Mr. A. or Mrs. B. returns from consulting, say, some metropolitan celebrity, and tells us that Dr. C. has laid down all the rules for his or her future life, and indicated this or that health-resort as essential to recovery; and all in ten minutes' time and for a fee of one guinea? The issues of life and death, in the case of a stranger never seen before, solved in a ten or fifteen minutes' interview, and all for one guinea? Why, a lawyer would take six weeks to do the same amount of work, and charge a bill of fifty pounds. Such practices on the part of the public must needs tend to relax the morals, and to sap the strict integrity of professional men.

Commenting on the force of example, the speaker said, in these days of liberty of action men are jealous of the control of individual authority. As I have already said, we are a republic; we have no king, either constitutional or despotic. The heads of our colleges are that and nothing else. But, although men will not yield to the dictation of individuals, however eminent or highly placed, will they not submit to the control of their fellows, jointly? Would not the great principle of association be found equal to the *moral* guidance of individual members, as it is to securing their political and professional rights? We know how great is the power of example, which induced the scoffer, who entered the church to sneer, to remain to pray. In the way of moral suasion, the power of numbers is, I believe, even greater than in that of political bias. So, to the voice of the profession, adequately expressed, it is fitting, and, I think, feasible, that every member should ultimately bow.

May I venture to conclude this discourse in words far more eloquent than any I have used, or can use. Words which I wish would sink, this night, deep into the hearts of us all; words of the late wise and good Bishop, to whom I have already referred. "When such a spirit (as that I have endeavored to depict) shall become the prevailing spirit among us, the sick-room will become holy ground—a temple ever ringing with the exhortation *Sursum Corda!* Upward, hearts! Upward above all paltry, sordid, groveling aims and desires. Upward to the level with the dignity of our calling; the privileges and duties of our station; the importance and arduousness of our work. Upward to a fellowship with the wise and good of all nations. Upward to the very Father of Lights; the Fountain of all Goodness! Lift up *your* hearts; and then, from the very depths of thousands of yearning, anxious souls, there will arise the clear response: Yea! we lift them up unto the Lord!"

At the conclusion of this address, Mr. Fowke, the General Secretary, read the annual report of the Council, which shows the Society to be in a most flourishing condition. The receipts for the past year were $82,625, an increase over 1880 of $4480; 715 new members were elected, and there were 76 deaths Concerning the mooted question of homœopathy the Council report that—

"As far as is possible, they have rigidly closed the door of entrance, and have made it impossible for a professing homœopath to enter the Association through election by the Committee of Council; and they have called upon the Branches to aid them, by demanding that every name proposed for election shall be inserted in the circular summoning the meeting at which election is sought.

"They conceive that, by these means, such effectual supervision will be exercised by the Branch Councils that no homœopath will be able to gain admission, either through the Committee of Council or through the Branches; and that thus both doors of entrance are effectually closed.

"Against perversion to homœopathy after admission, they are, at present, powerless, except by the expulsion of the offender; and this, under present circumstances, they consider unadvisable; first, because they hold that such a course would be beneath the dignity of the members of a great liberal profession; and, secondly, because it would confer an amount of notoriety which is very undesirable upon those who were expelled.

"At the same time, the Committee of Council courts a full expression of opinion on the part of the whole Association, as to whether it will tolerate homœopathy in its ranks or not; and, if it should determine that the profession or practice of homœopathy shall—*ipso facto*—disqualify from membership, then they conceive that the course will be clear, since the unwitting election of a homœopath would thereby be rendered null, and perversion after election would imply the voluntary cessation of membership."

After considerable discussion upon subjects only of local interest, the report was adopted and the Society adjourned for the day.

Second Day, August 9th.

After the transaction of routine business Dr. Wade delivered the Address in Medicine. Like the President's, Dr. Wade's address was retrospective in character. He recalled to mind some of the actual facts of medicine as it existed when

this Association was formed, and some others which have occurred since. The sum total of knowledge increases fast, but the capability of individual intellect slowly, if at all. It is not a question of who makes mistakes and who does not, but of who makes the most and who the fewest. Looking at the records of the past, we find that current errors were shared by men who were in the front rank of the profession, and who, did they flourish in these days, would be in the front rank now. No one of the present generation reading for the first time the clinical memorabilia of 1832, can fail to be struck by one all-pervading method of treatment, viz: blood letting. The difficulty is to name diseases in which it was not used, not those in which it was. Its prevalence may be brought very vividly before us by a quotation from a contemporary author. He says: "Blood letting is not only the most powerful and important, but the most generally used, of all our remedies. Scarcely a case of acute, or indeed, of chronic disease, occurs, in which it does not become necessary to consider the propriety of having recourse to the lancet, or to estimate the effects of blood letting already instituted." But, to get a full impression of this frequency, you must read, one after another, the records of cases in which—medical, surgical, traumatical, and obstetrical—bleeding from the arm was practiced. Indeed, this does not exhaust the category. The chief resource of preventive medicine was to let blood from the arm every spring and fall.

Such was the practice of that day, and such, in large measure, the therapeutical science; for, be it observed, these things were done, not only by obscure apothecaries, but under the direction and auspices of those who constituted the highest court of scientific appeal.

Not many years before 1832, a weekly medical journal, which still maintains its high character, was instituted, under the then appropriate name of "*The Lancet.*" In a few years after this date the title of this periodical had well nigh become an anachronism.

Within those few years a revolution of opinion had taken place, the like of which the history of medicine wots not of. For, be it remembered, this was not the case of a transient phantasy—of a gourd which, having sprung up in a night, might well wither in a day—but the well established practice of centuries, which had withstood, not only the ravages of time, but repeated volleys from the batteries of wit and satire.

The disuse into which blood letting has fallen is due principally to the fact that our predecessors misused it.

In 1820 a provincial practitioner, a physician at Nottingham, Marshall Hall, opened the first parallel of the siege which, in my opinion, eventuated in the razing of this stronghold.

In 1836, Marshall Hall's last work on blood letting was published. But a very few years elapsed before it had ceased to be practiced. It is curious that the intention of his publication was to regulate, not to abolish venesection. He taught its value, and recommended its employment, but with limitations not hitherto laid down. Men came to look at bleeding from an exactly opposite point of view to that which they had previously occupied; can we then wonder that in a few short years the practice had ceased to exist. Sir Thomas Watson, however, ascribed the decline of venesection to another cause, namely, a change of type in disease; writing in 1867, he says: "What has not been shown is that the human constitution is incapable, from influences to us unknown, of undergoing alterations, in respect to the manner in which it is affected by inflammation and by the reputed remedies of inflammation. For my own part I am firmly persuaded, by my own observation and by the records of medicine, that there are waves of time through which the sthenic and asthenic characters of disease prevail in succession; and that we are at present living amid one of its adynamic phases." To illustrate the fact that many other therapeutic measures (besides venesection) have fallen into disuse on account of abuse, many articles were mentioned and the speaker said:—

It is not so many years ago that there flourished a great clinical teacher, famous alike in the wards of an important metropolitan hospital and by the bedsides of the wealthy. Is it a truism that, to be sound, medicine must be based on physiology? He was an assiduous cultivator and eminent teacher of this science. In the zenith of his fame he sought, as you all know, to establish the plan of treating acute diseases by alcohol in almost unlimited quantity. Is it surprising that his views—earnestly enforced by word of mouth and in fascinating essays, propagated by an enthusiastic and numerous band of disciples, and not without an important substratum of truth—is it surprising, I say, that his precepts became popular, and that his example was for a time largely followed? What is our position now with regard to alcohol and its administration as a drug in acute diseases? Exactly what it was before this mischievous delusion arose. There is no acute disease in which alcohol is necessarily required. On the other hand, there is no acute disease in which special circumstances may not arise which necessitate its use in small, or in large, and even in very large doses.

The medical mind never has ceased, and probably never will, to hanker after specifics.

We see the chemist with his glass vessel full of carbonic acid in one hand, and in the other a lighted taper. He dips the wick in the carbonic acid, and the flame is extinguished. The result is immediate, decisive and unfailing. Can we be reproached for wishing that we might in like manner take a pneumonia in one hand and a vessel full of alcohol in the other, and by a similar immersion procure a similarly decisive and unfailing result. We might, perhaps with equanimity, submit to its being less immediate. Depend upon it, that to those who harbor such a wish, and indulge in contemplating the possibility of its fulfillment, the danger is great of erroneously believing that they have achieved the result. The danger is still greater that they will come to look at many drugs in the light of quasi-specifics, and so relax watchfulness over their effects.

It is true, probably, that no one of us believes in the existence of an absolute specific, which can never fail; but, on the other hand, we must re-

member that the conception of a specific and the conception of failure are reciprocally exclusive. A vivid mental picture of the one necessarily implies a very shadowy perception of the other. One reason why this yearning for specifics is so likely to mislead us is that it almost inevitably involves a conception of disease as a unity, instead of a complexity, of processes.

A "case" of pneumonia is compounded of two parts. The first of these consists of those local changes which are summed up in the phrase "the inflammatory process." It is true, though we do not need to dwell upon it, that even this phrase suggests multiplicity rather than unity. But there are also, as in all cases of inflammation, not only the local focus, but the influences radiating therefrom, and affecting all the organs and constituents of the body. In no disease is this duality better exemplified than in pneumonia, and hence this disease has been so often, in times past, a battlefield for therapeutists. In no disease does this duality require to be more explicitly recognized, because in none is death more often distinctly due to these secondary disturbances, and the danger so little in proportion to the cubical area of the original disease. It is true in all acute diseases, though especially so in this one, that the difference between life and death turns oftentimes on the possibility of rectifying some quite secondary functional disorder, as of the kidneys, the liver, the heart, or (in a single pneumonia) of the other lung. If we cannot unload the camel, we may nevertheless succeed in a timely removal of the last straw. It is true of all acute diseases, that a proportion will, under the most unfavorable circumstances, recover, that another proportion, will, under the most favorable circumstances and the most sagacious treatment, die. But there is a residue in which the issue is in our hands, to make or mar. Which we do, depends, in the main, on the soundness or unsoundness of the abstract principles which underlie our actions. And here let me beseech you in your mind to keep every case in this third category till all danger is gone, or till, on the other hand, death, not in your judgment is impending, but has actually commenced. The desire for a specific is an instinct, and will, therefore, be ever lurking in our minds; and it is because I believe it to be a dangerous conception when translated into practice, that I have dwelt on this question with sincere, if tedious, earnestness.

The connection between debility and disease, as old as true and as true as old, has been advanced by degrees till, in many minds, they appear to have become convertible terms; not, perhaps, avowedly, may be not even consciously, but so effectively as to dominate all other therapeutical conceptions. This position is not tenable. The body enfeebled by insufficient food may yet have its component parts and organs sound and their functions maintaining their due balance and complementary proportion. Practically, taking the case of acute disease, we do not find that the difference in the previous vital status necessarily indicates a decisive difference in the treatment. Take, for instance, two cases of typhus, the one occurring in a person previously in good health, the other in a subject previously reduced by want; it does not follow that in the latter alcohol will be requisite in larger doses than in the former. As a matter of fact we know that the very reverse may happen. It seems to me difficult to get away from the theoretical proposition that the best way to relieve the debility arising from disease is to remove or mitigate the disease. The progress of medical science has, for some time, been most marked in the elucidation of the nature and results of organic disease. The hopelessly irremediable character of the changes here found has certainly tended to enforce the idea of "nourishing, supporting and building up." From this point, the same idea has spread to an earlier stage in such cases, the stage of incipient disease, or to an even earlier stage, that of threatening or impending organic changes—a pre-organic stage. Has it not happened that this truly important consideration has been allowed to overshadow other important considerations. If it be important that we should get a complete mental grasp of the whole of a case, it is mainly so that we may be the better able to disintegrate it into its constituent elements; that, having so resolved it, we may the better see what we can and what we cannot cope with. How it might have altered the past, had the custom been universal for each one to ask himself, before deciding on a plan of treatment, these questions: What do I propose to aim at? Why do I do so? How best may I effect my object? Might not such a method also alter the future. Dispassionate survey of present medical practice forces me to the conclusion that, on a very large scale, and in both chronic disorder and organic disease, the physiological basis of treatment is too often unduly subordinate to the restorative basis of treatment. Analyze, each one for yourself and in your own way, the conceptions and the practices of those who have gone before. Above all, analyze your own conceptions and practices. Principles, to be effective, must be bone of our bone, and flesh of our flesh, not foreign bodies, howsoever much embedded or encapsulated. Is the history of medicine from this day to be reversed. Are we in future to be confident that no false prophets will arise; that we shall be safe in believing that all we are told is true. If not, how are we to refuse all the evil and choose all the good. The authority of the teacher, as we have seen, is no infallible test, for the evil may come from an oracle well calculated to command our assent. We must, to a large extent, depend each one upon himself, his own observation and his own private judgment, employing the best means and devices of science to ensure accuracy of observation, and exercising our judgment with caution and modesty. To the few only is it given to extend the landmarks of science or to reclaim the waste lands of ignorance. But to each one is given the power to cultivate and utilize those which have been reclaimed. To each one it is given to make the practice of medicine more rational, more common sense, and, therefore, more truly scientific; to render more rare in the future such dark blots as we have regretfully recognized in the past.

Dr. Cuming (Belfast) said he had great satisfaction in moving the best thanks of the Associa-

tion to Dr. Wade for his very able, thoughtful, and carefully reasoned address. They could have no better introduction to the work of the Sections than listening to the observations of one so competent to make them—observations which embraced a comprehensive view of their present position, and which analyzed so clearly, and appreciated so fully, some of the most important movements and currents of opinion that had been prevalent in medicine for some years past. Every one who, like himself, had been familiar for many years with Dr. Wade's important contributions to medical science, would have expected him to deal with the subject in a careful and interesting way, and to present the results of the ripe experience of a thoughtful physician and an acute observer.

An invitation was read and accepted, to hold the next session of the Association in Liverpool; after which the Association adjourned for the day.

Third Day, August 10th.

After the usual business, the address in Surgery was delivered by Mr. W. Stokes, of Dublin. The speaker commenced by expressing his appreciation of the honor that had been conferred upon Irish surgery in asking him to deliver this address. After referring to the great results achieved by the Association, the speaker said: But, great as have been the results of these efforts of the Association, much yet remains to be achieved. I should like to see loyal and hearty co-operation with the universities, the medical and surgical corporations of the United Kingdom, and the General Medical Council, to raise the standard of Arts education for all joining our profession, by establishing conjointly an examination in Arts which every one, except those with university degrees, should pass previous to commencing the study of medicine. I should, also, like to see a consolidation of the great medical and surgical teaching power that exists in our metropolitan centres, but which, owing to the multiplicity of small schools in them, is, to a great extent, lost to the profession and to the public. Instead of urging the establishment of additional schools, it would be far better to endeavor to bring about such an amalgamation as I have indicated, and coöperate with those who wisely think that among the chief desiderata in our profession is a large amount of training in a university, where the first phases in the life of a medical student can best be spent, viz., first, the preliminary general, and second, the preliminary scientific education. I am strengthened in this conviction by the fact that during the Visitation of Examinations recently conducted for the General Medical Council, in which I had the honor of being associated, the Visitors frequently observed candidates for the diplomas of our corporations whose general and scientific culture was far below what any one joining our profession ought to have.

It has hitherto been customary for my predecessors, at the annual meetings of the Association, either to give a *résumé* of the most recent advances in surgery, and discuss some particular theory or mode of practice on which surgical opinion is more or less unsettled, or dwell on those topics that have proved of special interest to himself. On the present occasion, one which should be marked *meliore lapillo*, to give a detailed retrospect of surgical advancement during the past half century would be a task not alone difficult, but, in truth, impossible in the time at my disposal. I purpose, therefore, to dwell on some few topics of great general interest, involving questions still unsettled, and which more particularly engaged my attention.

What have been these advances? I may mention a few that stand out boldly. The abandonment of an indiscriminate blood letting in almost every form of acute surgical disease, of a reckless use of mercury in the treatment of syphilis, and of setons and moxæ in hopelessly irremediable articular and other diseases; the introduction of the pressure treatment of aneurism by Bellingham, Todd and Hutton; of drainage in the treatment of wounds and abscesses by Chassaignac; of metallic sutures and the perfection of the operations of vesico-vaginal fistula by Marion Sims; of lithotrity by Civiale, Thompson and Bigelow, and of stricture by Syme, Wheelhouse, Maisonneuve, Perréve, and Holt; the *rénaissance* of joint resection by Crampton, Syme, and Ferguson; the introduction and establishment on a firm basis, of ovariotomy, by McDowell, Clay, Spencer Wells and Keith; of bloodless surgery by Esmarch; of skin grafting and sponge grafting, by Reverdin and Hamilton; and of osteotomy in genu valgum, by Ogston; improvements in methods of amputation, by Bell, Teale, Carden, Syme and many others; also the operations of gastrostomy, excision of the pylorus, of the spleen, kidney, supra-pubic excision of the uterus, laparotomy, and cholecystotomy in connection with abdominal surgery. I would also allude to the recently published able essays by Sir William MacCormac and Dr. Marion Sims, the latter paper dealing mainly with antiseptics and drainage in gunshot wounds—these being, in Sir James Paget's opinion, "the most important, perhaps, of all the provisions to be made in healing wounds." Again, we have torsion in the treatment of hemorrhage—a method to which such an impulse has been given by Mr. Bryant; and the treatment of aneurism by arterial ligation, without injury to the deeper structures of the vessels, by the methods of Porter and Barwell. In two cases I adopted Porter's method, using a wire, deligating the femoral artery in one, and in the other the abdominal aorta, Barwell's ligature—made from the aorta of an ox—a method recently tested in the Richmond Hospital by my colleague, Dr. Thomson, who deligated the arteria innominata for subclavian aneurism. Again, we have, in the treatment of fractures, immovable splints, and improved methods of extension by weights, or more perfectly by screw action; of manipulation in the treatment of luxation; and in spinal disease, the use of the plaster jacket of Sayre. The speaker then discussed the question of anæsthetics. In the majority of cases he would unhesitatingly prefer ether to chloroform, and strongly recommends the rule formulated by Mr. Jonathan Hutchinson, in reference to the desirability of using chloroform in cases below six and above sixty years of age. To Simpson is undoubtedly due the credit of discovering, in 1848, the anæsthetic properties of chloroform;

still, we must cordially, willingly and gratefully, endorse the opinion of Professor Gross, that "if America had contributed nothing more to the stock of human happiness than anæsthetics, the world would owe her an everlasting debt of gratitude," for it was in Massachusetts, in 1846, that Morton first demonstrated the possibility of inducing anæsthesia by the inhalation of ether. Antiseptic practice should rank, in my opinion, as the greatest of the surgical advances which the past half century has witnessed. In reference to Mr. Lister's statement as to the value of carbolic spray, at the International Medical Congress, last year, about which there has been so much unfortunate misconstruction, I would certainly say that he did not surrender his position in any way. He merely said that he looked forward to obtaining a more perfect and convenient mode of asepticism than that afforded by carbolic spray. The essentially weak point in the persistent and obstinate opposition to Listerism is the almost universal admission of the truth of the germ theory of putrefaction. If the fantastic theory of heterogenesis had not long since been swept into the deserved limbo of other exploded doctrines, there would be some scientific standpoint for those opposed to Lister's theory and practice. But not having this, and admitting the truth of the germ-theory of putrefaction, they surrender their position.

Those who advocate and practice what they are pleased to term a "modified" antiseptic system, attempt, in fact, in a roundabout, clumsy, inefficient way, to do precisely what those who practice Listerism achieve by means which are the outcome of accurate scientific research.

The aim in both cases is to neutralize or destroy the agencies which predispose to and produce the *materies septica*—in the one instance by numerous uncertain and often inefficient methods; and in the other, by the unerring artillery of chemical agency.

Among many depreciatory remarks that have been made in reference to Listerism, is one based on its alleged want of originality. It has been stated that both antiseptic principles and practice were understood, recognized, and appreciated by many of Mr. Lister's predecessors and contemporaries. Foremost among the latter, M. Maisonneuve has been mentioned. Having attended the *clinique* of that eminent surgeon for two sessions, in 1864-5, I am in a position to mention the nature of the wound-dressings then employed by him. With a large syringe, a quantity of a weak solution of "*acide phenique*" was applied to the wound; then a piece of linen or cloth, perforated with numerous openings and covered with a yellow-colored grease, was placed on the wound, secured by a dry compress and bandage. Such were the antiseptic dressings of which Lister's, it is alleged, are only a somewhat complicated, expensive, and, in many cases, dangerous reproduction. One of the best tests, if not the best, for the value of antiseptic practice is resection of the knee-joint, as there are so many circumstances that militate against immediate union being obtained after it. In the first place, the cases requiring so formidable an operation are, as a rule, in a condition of great physical exhaustion consequent on long confinement, and probably protracted suffering of mind and body. The wound is of necessity a large one; the operation occupies a considerable time; two large freshly cut bone surfaces are made, between which union is to take place; and, lastly, there is the great difficulty of keeping, no matter what appliance be adopted, the limb absolutely at rest during the process of union. Before the adoption of Listerism the surgeon anticipated that four, six, or eight months, or longer, would elapse before union took place, and it was always a subject discussed at consultations on these cases previously to operation, whether the patient would have strength to endure so protracted a suppuration. As an illustration of how changed matters are now, in a series of fourteen of my cases of excision of the knee-joint, the wounds in nine of them united without a trace of pus production; and in the last of them only two dressings were required subsequent to the one applied at the time of the operation, and in seven weeks after the patient was up and going about. Another antiseptic triumph was the case of a boy with extensive necrosis of the fibula, sinuses, and suppuration existing at the time of the operation. I excised, subperiosteally, the diaphysis of the fibula, and the case pursued a perfectly aseptic course, the evidence of new bone formation being also incontrovertible.

In giving the details of these antiseptic triumphs I may be considered dogmatic and egotistical. If so, I regret it, for nothing could be further from my desire; still less would I seem captious or actuated by any partisan spirit. I have mentioned them solely through a desire of having the truth recognized and established, and because personal experience is the soundest basis of honest conviction.

The speaker closed his brilliant defense of Listerism in these words: "In the interests and for the credit of British surgery, it is time so unrighteous a warfare should cease. It is time that the irritating dust of an unreasoning prejudice should be swept away. It is time that one of the greatest discoveries and boons to surgery this century has produced should be universally recognized as such. It is time that its discoverer and exponent should be acknowledged as one of whom it may well be said—

> "With Genius, Nature joins in everlasting covenant still;
> The promises of one, the other fails not to fulfill."

Discussing the question of bone production from periosteum, the speaker said, "As to its value when the membrane is comparatively healthy and the patient young, there can be no question. The activity of bone production and other signally gratifying results of the practice must be acknowledged when performed under these circumstances. These results, however, are not so striking when the patient is an adult."

As regards bone transplantation I cannot speak from any personal experience; but, in connection with this all-important subject, I must allude to the great stride made in this direction by Dr. M'Ewen, of Glasgow. The case of inter-human osseous transplantation, in which over two-thirds of a humerus was restored, and an account of which was communicated to the Royal Society last year, is one which must stand out in

bold relief in the history of this new departure in operative surgery—one which is, with many others, an outcome, indirectly, perhaps, but not the less, a result of antiseptic surgery.

In another group of operations—namely, in amputations—the preservation of periosteum is, according to Von Langenbeck, Trélat, and others, attended with advantage. The formation of a periosteal curtain to cover the cut surface of the bone and its medullary canal is believed to act as a shield or barrier against septic agencies, and diminish the chance of the occurrence of some of the secondary calamities, notably osteomyelitis, following amputations. The method I have in some instances adopted, and with success, is, making a somewhat quadrilateral-shaped flap at the membrane and letting it fall over the cut surface of the bone. Another method, that of M. Trélat, is to detach the membrane all round the bone for fully an inch below the point where the bone had to be divided, making, in fact, a sleeve-shaped flap. This plan must, however, materially protract the operation.

This leads me to consider some other comparatively recent improvements in the operation of amputation, and to bear my testimony to the great advantages to be derived from the adoption of the principle of long anterior flaps, the chief credit for establishing which belongs to the late Mr. Teale, of Leeds; and it is a source of pleasure to me that the advantages from his method of amputation were so soon, and continued to be so fully, recognized and appreciated in Dublin. In reference more particularly to thigh amputation, I cannot refrain from noticing the procedure in which the principle of the long anterior flap is embodied—namely, the "single flap" or "single-skin flap" operation of the late Mr. Carden, of this city.

Gritti's operation, undoubtedly, owes its parentage to that of Carden; but, although the retaining of the patella and consequent preservation of the normal attachments of the extensors of the leg is a plan as good as it was original with Gritti, still the details of this method prevented the realization of those advantages which, in principle, it embodied. Hence the modification which I have ventured to term "supra-condyloid amputation"—an operation which, retaining the advantages of Gritti's method, eliminates its defects by lengthening the anterior flap, forming a posterior flap one-third in length of the anterior one, suturing the patella and femur together; and, lastly, and most important of all, by making a high femoral section, but one not involving the medullary canal.

The special advantages that may be claimed for supra-condyloid amputation are:—

1. That the posterior surface of the anterior flap being covered with a natural synovial membrane, the chances of suppuration and purulent absorption are diminished.

2. Any possibility of the split patella shifting from its place on the cut surface of the femur is prevented by the high femoral section, and by suturing the two bones together.

3. The vessels are divided at right angles to their continuity, and not obliquely, as in other flap operations.

4. The existence of a posterior flap diminishes the chances of any wide gaping of the wound; while the anterior flap, being oval, increases the chances of the stump tapering toward its extremity and assuming the form of a rounded cone.

5. The preservation of the normal attachments of the extensors of the leg.

These advantages embody those of both flap and circular amputation of the thigh, and at the same time eliminate their defects.

In concluding an address so admirable that we regret our inability to give it in full, the speaker said, "I have mentioned many achievements in surgery the past half century has witnessed. Fifty years hence this great Association will, I hope, meet here again, to celebrate its centennary."

Prague as a Medical Centre.

Dr. Roswell Park, of Chicago, writes to the *Medical Bulletin* concerning the superior advantages which Prague offers to Vienna for the *finishing* studies in medicine. There is a maternity hospital in which 3000 confinements take place annually. Gussenbauer (a former pupil of Billroth) he esteems fully as able a surgeon as his former teacher, while Hasner, the oculist, is the most rapid operator living, and Lanfall he considers fully as good an aurist as either Gruber or Politzer. Besides, there are only about one-fifth as many students as in Vienna, which affords better opportunity for study. Since Prague lacks the reputation of Vienna, the fees for the courses are much less, living is less expensive, and the surroundings are quieter, less distracting and much more conducive to study.

Tri-State Medical Society.

The eighth annual meeting of the Tri-State Medical Society (Illinois, Indiana and Kentucky) will take place in Terre Haute, Indiana, September 26th, 27th and 28th. The President is Dr. J. M. Holloway, of Louisville, Ky; Secretary, Dr. G. W. Burton, of Mitchell, Ind.; Treasurer, Dr. F. W. Beard, Vincennes, Ind. Dr. J. E. Link, of Terre Haute, is Chairman of the Committee of Arrangements, and Dr. Wm. Porter, of St. Louis, Mo., Chairman of Committee on Programme. The programme that we have received indicates that the meeting will be both an interesting and an instructive one, there being no less than fifty-three reports and addresses to be made.

American Academy of Medicine.

At a recent meeting of the Council, the annual meeting of the Academy was postponed until October 26th (Thursday), when it will take place at Philadelphia, at the time of the Bi-centennial Celebration in that city.

Medical Service in the British Army.

From the *British Medical Journal* we learn the following particulars concerning the organization of the medical department of the British force in

Egypt. The force ordered to Egypt consists of about 36,000 men. For this number of soldiers the grand total of those connected with the medical department is 1746 officers and men, 304 vehicles and 940 horses.

Cremation in France.

The Minister of the Interior in Paris recently received the officers of the Society for the Propagation of Cremation, and listened to their arguments. It was his opinion that cremation could only be practiced under the sanction of a special law, and he promised not to oppose the passage of such a law.

Items.

—The National Board of Health of Germany last year spent nearly four million dollars in the prosecution of their labors.

—Prof. Botkin, in Petersburg, celebrated, on April 27th, his jubilee. He had been twenty-five years a successful teacher.

—Dr. I. N. Evans, of Montgomery, who served in the Forty-fifth Congress, is a candidate for the Republican nomination in the Seventh district.

—Sir Edward Burrowes Sinclair, the highly esteemed obstetrican and gynecologist, and a well known writer on subjects connected with his specialty, died lately in Dublin.

—We read from the Vienna papers, that as director of Duchek's Clinic, in Vienna, Professors Erb, Eulenburg and Nothnagel—all three from Germany—will be proposed by the Faculty.

—The latest news in the great field of antisepsis may be considered the fact that the sinews of the Kangaroo are now employed instead of catgut, for ligatures and sutures. They are said to possess none of the disadvantages, but all the benefit, of all other animal sutures, being especially reliable in the ligature of large vessels and in the suture of wounds. (*Deutsche Medicinal Zeitung*, III, 16, 1882.)

—In the beginning of this year blood was withdrawn, for the purpose of a transfusion, from the arm of a fifteen-year old boy, without consent of the parents. The boy himself removed the bandage, and acted otherwise contrary to the directions of the physicians. Mortification set in, followed by death. The parents instituted proceedings against the doctor, but were non-suited, as the boy, not obeying the instructions, became alone responsible for the result. An appeal has been taken to a higher tribunal, and we will communicate the decision in time.

—More than one thousand deaths are reported as having resulted last year, from accidents in mines of the United Kingdom of Great Britain and Ireland. The average of such deaths during the last eight years is one to every 464 persons employed. Fall of rock from the roofs, but more particularly from the sides of the workings, continues to be the most fruitful source of these disasters, and there seems good reason to believe that a large proportion might be prevented by a sufficient provision of timber supports.

—At the last meeting of the Academy of Sciences of Paris, the President, M. Jamin, announced that a committee had been formed some time before to present the eminent chemist and biologist, Pasteur, with a medal commemorative of his great discoveries in those sciences. On the committee were the names of Dumas, Tisserand, Davaine, and many others well known in scientific and social circles. After an able and eloquent *résumé* of Pasteur's special labors, the medal was handed to that distinguished *savant* by his old friend and master, Professor Dumas.

OBITUARY NOTICES.

DR. WILLIAM H. MUSSEY.

Dr. William H. Mussey, of Cincinnati, died in that city July 31st, 1882. Dr. Mussey was one of the most distinguished and public-spirited citizens of Cincinnati. He was born in Hanover, N. H., Sept. 30, 1818; studied medicine in the Ohio Medical College, and was graduated Doctor of Medicine in 1848. He subsequently studied eighteen months in Paris, and upon returning to this country settled in Cincinnati, where he made a specialty of general surgery. He was Vice-President of the American Medical Association in 1864, and afterwards Vice President of the Ohio State Medical Association. He also held various eminent positions in hospitals and colleges. He was commissioned Brigade Surgeon October, 1861, and Lieutenant-Colonel and Medical Inspector of the United States Army in June, 1862, and was surgeon-General of Ohio for several years. He was also President of the Natural History Society of Cincinnati.

DR. CARLOS CARVALHO, U. S. A.

Dr. Carlos Carvalho, assistant surgeon U. S. A., died near Boston, July 23d, 1882. He was a son of Emanuel Carvalho, who represented the Chilian Government at Washington for many years. He leaves a widow, formerly Miss Emma Bayliss, of Washington, and two young children.

DR. NATHANIEL FOSTER.

Dr. Nathaniel Foster, an old and eminent physician of Cincinnati, died July 16th, of paralysis. He was a brother-in-law of the late Gen. W. H. Lytle, and was well known throughout the Union.

QUERIES AND REPLIES.

Old Subscriber, Wisconsin.—Bandaging, passive motion of the joint, kneading and friction, with the internal use of iodide of potassium, may do some good, though such enlargements are very obstinate and do not yield readily to treatment.

J. H. S., California. Your description is too vague to enable us to recognize the disorder which you term "moth." If you refer to tinea versicolor, the best treatment would be one of the sulphur preparations, applied locally.

S. T., Nevada.—We never heard of a case where acids produced such an effect.

W. H. J., Ohio.—Croton-chloral is formed by the action of chlorine on allyl. It is an anæsthetic.